

Amendments to EMS Regulations

1. **Emergency Medical Technicians, Emergency Medical Technician Instructors, Mobile Intensive Care Paramedic Courses and Mobile Intensive Care Paramedic Course Coordinators**
(7 AAC 26.010 -- 7 AAC 26.170)
2. **Emergency Medical Services Outside Hospitals**
(7 AAC 26.210 -- 7 AAC 26.290)
3. **Medevac Services, Critical Care Air Ambulance Services, and Specialty Aeromedical Transport Teams Outside Hospitals**
(7 AAC 26.310 -- 7 AAC 26.400)
4. **Emergency Trauma Technician Instructors and Approved Emergency Trauma Technician Training Courses**
(7 AAC 26.410 -- 7 AAC 26.490)
5. **Defibrillator Technicians and Approved Training Courses**
(7 AAC 26.510 -- 7 AAC 26.590)
6. **Responsibilities of Medical Directors (7 AAC 26.610 -- 7 AAC 26.700).**
7. **Trauma Centers and Trauma Registry (7 AAC 26.710 - 7 AAC 26.745)**
8. **Emergency Medical Dispatchers (7 AAC 26.810 - 7 AAC 26.840)**
9. **General Provisions (7 AAC 26.999)**

Do Not Resuscitate Protocol and Identification
(7 AAC 16.10 - 7 AAC 16.90)

Editor's Note

Every attempt has been made to ensure that the text of this document is identical to the regulations which will be published in the official register of the Alaska Administrative Code. In the event that differences exist, the text of the regulations published in register will take precedence.

Specific questions regarding these amendments should be directed to:

Section of Community Health & EMS
Department of Health and Social Services
Box 110616
Juneau, AK 99811-0616.

Telephone: (907)465-3027
FAX: (907)465-4101
email: matt_anderson@health.state.ak.us
kathy_mcleron@health.state.ak.us
Web Site: <http://chems.alaska.gov>

Regulations Revised 8/16/2002
Text Revised 10/22/2002

EMS Related Regulations Amended to Register 163

ARTICLE 1: EMERGENCY MEDICAL TECHNICIANS, EMERGENCY MEDICAL TECHNICIAN INSTRUCTORS, MOBILE INTENSIVE CARE PARAMEDIC COURSE COORDINATORS

Section

- 10. Purpose.
- 20. Application for certification.
- 30. Qualifications for certification.
- 40. Scope of certified activities.
- 50. Approved training courses.
- 60. Administration of examinations.
- 70. Examinations for initial certification.
- 80. Testing fees.
- 90. Initial certification examination failure.
- 100. Term of certification.
- 110. Recertification.
- 115. Continuing medical education.
- 120. (Repealed).
- 130. Recertification examination failure; nonrenewal of certification.
- 140. (Repealed).
- 150. Comity.
- 160. (Repealed).
- 170. (Repealed).
- 172. Mobile intensive care paramedic (MICP) training courses.
- 174. Qualifications for certification as a mobile intensive care paramedic (MICP) course coordinator.
- 176. Responsibilities of the MICP course coordinator.
- 178. Term of MICP course coordinator certification.
- 180. Grounds for suspension or revocation of MICP course approvals.

7 AAC 26.010. PURPOSE. (a) The purpose of 7 AAC 26.010 - 7 AAC 26.180 is to promote the health and safety of the people of Alaska by establishing uniform minimum standards for emergency medical technicians, emergency medical technician instructors, mobile intensive care paramedic training courses, and mobile intensive care paramedic course coordinators.

(b) Nothing in 7 AAC 26.010 - 7 AAC 26.180 prohibits a physician authorized to practice in this state from authorizing a state-certified EMT to use a medication or procedure in an emergency situation that is not specifically covered by that person's EMT certification. (History: Eff. 12/31/81, Register 80; am 10/14/84, Register 92; am 10/23/92, Register 124; am 3/11/98, Register 145; am 8/16/2002, Register 163)

Authority: AS 18.08.080 AS 18.08.082 AS 18.08.084

7 AAC 26.020. APPLICATION FOR CERTIFICATION. (a) A person applying for certification as an EMT-I, EMT-II, EMT-III, EMT-I instructor, EMT-II instructor, or EMT-III instructor, shall apply to the department in writing on a form provided by the department.

EMS Related Regulations Amended to Register 163

(b) Repealed 10/23/92.

(c) The department will issue a certificate for the appropriate level to a person meeting the requirements of 7 AAC 26.030. (History: Eff. 12/31/81, Register 80; am 10/23/92, Register 124)

Authority: [AS 18.08.080](#) [AS 18.08.082](#) [AS 18.08.084](#)

7 AAC 26.030. QUALIFICATIONS FOR CERTIFICATION. (a) A person applying for certification as an EMT-I must

(1) except as otherwise provided in (i) of this section, be 18 years of age or older;

(2) repealed 10/23/92;

(3) repealed 10/23/92;

(4) have successfully completed a department-approved EMT-I training course or a department-approved ETT-to-EMT training course;

(5) pass, within one year after completing the training course, the written and practical examination for EMT-I administered by the department; and

(6) provide evidence of a valid CPR credential.

(b) A person applying for certification as an EMT-II must

(1) have a valid certification as an EMT-I;

(2) have successfully completed a department-approved EMT-II training course;

(3) as part of the EMT-II training course or within 30 days after successful course completion, perform 10 venipunctures, of which eight must be with catheter covered needles; all venipunctures must be witnessed by an individual who is delegated that responsibility by the course medical director and who is certified or licensed to perform venipunctures;

(4) pass, within one year after completing the training course, the written and practical examination for EMT-II administered by the department;

(5) provide evidence of having had, before the first day of the EMT-II training program, at least 10 patient contacts while providing care with a provider of emergency medical services or in a hospital or clinic;

(6) be under the sponsorship of a medical director, approved by the department, who accepts the responsibilities set out in 7 AAC [26.640](#); and

EMS Related Regulations Amended to Register 163

(7) provide evidence of a valid CPR credential.

(c) Except as otherwise provided in (h) of this section, a person applying for certification as an EMT-III must

(1) have a valid certification as an EMT-II;

(2) have successfully completed a department-approved EMT-III training course;

(3) pass, within one year after completing the training course, the written and practical examination for EMT-III administered by the department;

(4) provide evidence of having had, before the first day of the EMT-III training program, at least 10 patient contacts while providing care as an EMT-II with a provider of emergency medical services or in a hospital or clinic;

(5) be under the sponsorship of a medical director, approved by the department, who accepts the responsibilities set out in 7 AAC [26.640](#);

(6) provide evidence of a valid CPR credential; and

(7) provide evidence of having performed, after becoming certified as an EMT-II and before the first day of the EMT-III training program, at least 10 venipunctures, of which at least eight must have been with catheter-covered needles.

(d) A person applying for certification as an EMT-I instructor must

(1) provide evidence of at least one of the following valid credentials:

(A) an EMT-I, EMT-II, or EMT-III certification by the department, along with evidence of at least three years of experience as an EMT;

(B) an EMT-Basic, EMT-Intermediate, or EMT-Paramedic certification from the National Registry of Emergency Medical Technicians, along with evidence of at least three years of experience as an EMT or EMT-Paramedic;

(C) authorization to practice in the state as a mobile intensive care paramedic under AS 08.64; or

(D) authorization to practice in the state as a physician or physician assistant under [AS 08.64](#) or as a registered nurse under [AS 08.68](#), along with evidence of at least three years experience as an EMT or EMT-Paramedic;

(2) provide evidence of a valid CPR instructor credential, unless the department grants a waiver based on evidence that CPR taught as part of an EMT-I training course will be taught by a person who has a valid CPR instructor credential;

EMS Related Regulations Amended to Register 163

(3) provide evidence of successful completion

(A) of a department-approved methods of instruction training course;

(B) of an instructor training program that the department determines meets or exceeds the objectives of the United States Department of Transportation, National Highway Traffic Safety Administration's = it EMS Instructor Training Program: National Standard Curriculum, revised as of December 1995 and adopted by reference; or

(C) within the 12 months immediately preceding the date of application, of an EMT-I instructor training course that the department approved before 8/16/2002.

(4) complete the written examination for EMT-I instructor with a score of at least 90 percent within no more than two attempts made no more than one year and no less than 10 days before attending the course required under (6) of this subsection;

(5) successfully complete either a department-administered practical examination for EMT-I, EMT-II, or EMT-III or the examination required for certification as an EMT-Basic, EMT-Intermediate, or EMT-Paramedic by the National Registry of Emergency Medical Technicians within one year before attending the course required under (6) of this subsection;

(6) provide evidence of successful completion of a department-approved basic instructor orientation course within one year before the date of application; and

(7) provide evidence of successful completion of a department-approved EMS instructor orientation course within one year before the date of application.

(e) A person applying for certification as an EMT-II instructor must

(1) provide evidence of at least one of the following valid credentials:

(A) an EMT-Paramedic certification from the National Registry of Emergency Medical Technicians, along with evidence of at least three years of experience as an EMT-Paramedic;

(B) authorization to practice in the state as a mobile intensive care paramedic under AS 08.64;

(C) authorization to practice in the state as a physician or physician assistant under [AS 08.64](#) or as a registered nurse under [AS 08.68](#), along with evidence of at least three years experience as an EMT or EMT-Paramedic;

(2) provide evidence of successful completion

EMS Related Regulations Amended to Register 163

(A) of a department-approved methods-of-instruction training course;

(B) of an instructor training program that the department determines meets or exceeds the objectives of the United States Department of Transportation, National Highway Traffic Safety Administration's EMS Instructor Training Program: National Standard Curriculum, adopted by reference in (d)(3)(B) of this section; or

(C) within the 12 months immediately preceding the date of application, of an EMT-I instructor training course that the department approved before 8/16/2002;

(3) complete the written examination for EMT-II instructor with a score of at least 90 percent within no more than two attempts made no more than one year and no less than 10 days before attending the course required under (5) of this subsection;

(4) successfully complete either a department-administered practical examination for EMT-II or EMT-III or the examination required for certification as an EMT-Intermediate or EMT-Paramedic by the National Registry of Emergency Medical Technicians within one year before attending the course required under (5) of this subsection;

(5) provide evidence of successful completion of a department-approved advanced instructor orientation course within one year before the date of application; and

(6) provide evidence of successful completion of a department-approved EMS instructor orientation course within one year before the date of application.

(f) A person applying for certification as an EMT-III instructor must

(1) provide evidence of at least one of the following valid credentials:

(A) an EMT-Paramedic certification from the National Registry of Emergency Medical Technicians, along with evidence of at least three years of experience as an EMT-Paramedic;

(B) authorization to practice in the state as a mobile intensive care paramedic under AS 08.64;

(C) authorization to practice in the state as a physician or physician assistant under [AS 08.64](#) or as a registered nurse under [AS 08.68](#), along with evidence of at least three years experience as an EMT or EMT-Paramedic;

(2) provide evidence of successful completion, within the preceding two years, of

EMS Related Regulations Amended to Register 163

(A) an advanced cardiac life support provider, refresher, or instructor course offered by the American Heart Association; or

(B) course that the department determines is comparable in content and coverage to an advanced cardiac life support provider, refresher, or instructor course offered by the American Heart Association;

(3) provide evidence of successful completion

(A) of a department-approved methods-of-instruction training course;

(B) of an instructor training program that the department determines meets or exceeds the objectives of the United States Department of Transportation, National Highway Traffic Safety Administration's EMS Instructor Training Program: National Standard Curriculum, adopted by reference in (d)(3)(B) of this section; or

(C) within the 12 months immediately preceding the date of application, of an EMT-I instructor training course that the department approved before 8/16/2002;

(4) complete the written examination for EMT-III instructor with a score of at least 90 percent within no more than two attempts made no more than one year and no less than 10 days before attending the course required under (6) of this subsection;

(5) successfully complete either a department-administered practical examination for EMT-III or the examination required for certification as an EMT-Paramedic by the National Registry of Emergency Medical Technicians within one year before attending the course required under (6) of this subsection;

(6) provide evidence of successful completion of a department-approved advanced instructor orientation course within one year before the date of application; and

(7) provide evidence of successful completion of a department-approved EMS instructor orientation course within one year before the date of application.

(g) An applicant for certification may not have a history that includes one or more of the grounds for denial of certification set out

(1) in 7 AAC [26.950\(a\)](#) ; or

(2) in 7 AAC [26.950\(b\)](#) and (c) unless the department's consideration of one or more of the factors in 7 AAC [26.950\(f\)](#) (1) - (5) results in a finding that issuance of the certificate is appropriate.

EMS Related Regulations Amended to Register 163

(h) Notwithstanding the requirements of (c) of this section, the department will issue an EMT-III certificate to a certified EMT-I or EMT-II who provides evidence of

(1) successfully completing a department-approved MICP training program within one year before the date of application;

(2) passing, within 120 days after completing a department-approved MICP training program, the written and practical examination for EMT-III administered by the department;

(3) being under the sponsorship of a medical director, approved by the department, who accepts the responsibilities set out in 7 AAC [26.640](#); and

(4) a valid CPR credential.

(i) The department will accept an application for EMT-I certification from an individual who is less than 18 years of age if the individual will turn 18 during the period for which certification would be issued, calculated based on the date the individual completed the course required under (a)(4) of this section. In that case, and if the individual otherwise qualifies for certification, when the individual turns 18 the department will issue a certificate to the individual that is valid for the remainder of the calculated certification period. The department will not accept an application for EMT-I certification from an individual who will not turn 18 during the period for which certification would be issued, calculated based on the date the individual completed the course required under (a)(4) of this section. (History: Eff. 12/31/81, Register 80; am 10/14/84, Register 92; am 10/23/92, Register 124; am 5/22/96, Register 138; am 6/23/2001, Register 158; am 8/16/2002, Register 163)

Authority: [AS 18.08.080](#)

[AS 18.08.082](#)

[AS 18.08.084](#)

Editor's note: A copy of the United States Department of Transportation National Highway Traffic Safety Administration's EMS Instructor Training Program: National Standard Curriculum, adopted by reference in 7 AAC [26.030](#), may be obtained for a fee from the Section of Community Health and Emergency Medical Services, Division of Public Health, Department of Health and Social Services, P.O. Box 110616, Juneau, Alaska 99811-0616, or may be viewed at that office. The publication may also be obtained from the National Highway Traffic Safety Administration, EMS Division, 400 Seventh Street, SW (NTS14), Washington, D.C. 20590 or at <http://www.nhtsa.dot.gov/people/injury/ems>.

7 AAC 26.040. SCOPE OF CERTIFIED ACTIVITIES. (a) A state-certified EMT-I may perform basic life support as defined in 7 AAC [26.999](#), may use an automated external defibrillator if properly trained as defined in [AS 09.65.090](#) (f), and, under the direct or indirect supervision of a physician, may

(1) practice approved airway management techniques;

EMS Related Regulations Amended to Register 163

(2) repealed 8/16/2002; and

(3) use a manual defibrillator if certified as a manual defibrillator technician under 7 AAC [26.510](#) - 7 AAC [26.590](#).

(b) A state-certified EMT-II may perform the skills of an EMT-I and, under the direct or indirect supervision of a physician, may

(1) practice approved airway management techniques;

(2) start peripheral intravenous (I.V.) treatment;

(3) obtain blood for laboratory analysis;

(4) administer five-percent dextrose in water, crystalloid volume-replacement solutions, 50 percent dextrose in water, and naloxone hydrochloride (Narcan);

(5) repealed 8/16/2002; and

(6) use a manual defibrillator if certified as a manual defibrillator technician under 7 AAC [26.510](#) - 7 AAC [26.590](#).

(c) A state-certified EMT-III may, under the direct or indirect supervision of a physician, perform the skills of an EMT-II and may apply electrodes and monitor cardiac activity, countershock ventricular fibrillation and pulseless ventricular tachycardia, administer lidocaine, administer atropine, administer morphine, and administer epinephrine 1:1,000 and 1:10,000.

(d) An EMT-I, EMT-II, or EMT-III may use those additional medications or procedures that have been approved by the department and are on file with the department under 7 AAC [26.670](#).

(e) An EMT-II or EMT-III who is not under the supervision of a medical director may only perform those procedures defined as basic life support in 7 AAC [26.999](#).

(f) Repealed 8/16/2002. (History: Eff. 12/31/81, Register 80; am 10/14/84, Register 92; am 10/23/92, Register 124; am 5/22/96, Register 138; am 7/4/99, Register 151; am 8/16/2002, Register 163)

Authority: [AS 09.65.090](#) [AS 18.08.080](#) [AS 18.08.082](#) [AS 18.08.084](#)

Editor's note: Copies of the curricula related to the use of the automated external defibrillator used by the American Heart Association or American Red Cross may be obtained, for a fee, from those organizations.

7 AAC 26.050. APPROVED TRAINING COURSES. (a) A state-certified EMT Instructor applying under (b), (c), or (d) of this section for approval of a course leading to EMT certification must

EMS Related Regulations Amended to Register 163

apply to the department for approval at least 30 days before the course begins. The application must be on forms provided by the department. The department will, in its discretion, waive the 30-day requirement.

(b) A state-certified EMT-I Instructor applying for EMT-I training course approval must

(1) agree to have appropriate training equipment available throughout the course;

(2) use a curriculum that incorporates the objectives of the department's Emergency Medical Technician-I Course Objectives, as revised as of January 2002 and adopted by reference;

(3) agree to coordinate teaching the entire course;

(4) ensure that the class receives a minimum of 120 hours of instruction, unless the department, in its discretion, grants a waiver based on evidence of equivalent training;

(5) agree to arrange for the initial written and practical examination under 7 AAC [26.060](#) of all students needing department certification;

(6) repealed 5/22/96;

(7) agree to assist the certifying officer, as set out in the department's Guide for EMS Instructors and Certifying Officers in Alaska, in the administration of the written and practical examinations for certification under 7 AAC [26.060](#), except that the department will grant a waiver of the requirement of this paragraph upon the showing of a reasonable justification that the department determines does not threaten public health; the department's Guide for EMS Instructors and Certifying Officers in Alaska, revised as of January 2002, is adopted by reference; and

(8) agree to limit students to those who provide evidence of a valid CPR credential, or agree to increase the number of class hours to 128 hours and include CPR within the EMT-I training program.

(c) A state-certified EMT-II Instructor applying for EMT-II training course approval must

(1) agree to have appropriate training equipment available throughout the course;

(2) show that the course has a medical director who accepts the responsibilities set out in 7 AAC [26.660](#);

(3) agree to limit enrollment to students who

(A) have a valid certification as an

EMS Related Regulations Amended to Register 163

(i) EMT-I; or

(ii) EMT-Basic from the National Registry of Emergency Medical Technicians;

(B) had at least 10 patient contacts while providing care with a provider of emergency medical services or in a hospital or clinic as an EMT-I or EMT-Basic; and

(C) have the approval of the course medical director to take the course;

(4) use a curriculum that incorporates the objectives of the department's Emergency Medical Technician-II Course Objectives, as revised as of January 2002 and adopted by reference;

(5) agree to coordinate teaching the entire course, and to use other subject matter experts as available;

(6) ensure that the class receives a minimum of 50 hours of instruction, unless the department, in its discretion, grants a waiver based on evidence of equivalent training; and

(7) agree to assist the certifying officer, as set out in the department's Guide for EMS Instructors and Certifying Officers in Alaska, in the administration of the written and practical examinations for certification under 7 AAC [26.060](#), except that the department will grant a waiver of the requirement of this paragraph upon the showing of a reasonable justification that the department determines does not threaten public health; the department's Guide for EMS Instructors and Certifying Officers in Alaska is adopted by reference in (b)(7) of this section.

(d) A state-certified EMT-III Instructor applying for EMT-III training course approval must

(1) agree to have appropriate training equipment available throughout the course;

(2) show that the course has a medical director who accepts the responsibilities set out in 7 AAC [26.660](#);

(3) agree to limit enrollment to students who

(A) have a valid certification as an

(i) EMT-II; or

(ii) EMT-Intermediate from the national Registry of Emergency Medical Technicians;

EMS Related Regulations Amended to Register 163

(B) had at least 10 patient contacts while providing care with a provider of emergency medical services or in a hospital or clinic as an EMT-II or EMT-Intermediate;

(C) performed at least 10 venipunctures, of which at least eight must have been with catheter covered needles, as an EMT-II or EMT-Intermediate; and

(D) have the approval of the course medical director to take the course;

(4) use a curriculum that incorporates the objectives of the department's Emergency Medical Technician-III Course Objectives, as revised as of January 2002 and adopted by reference;

(5) agree to use a state-certified EMT-III Instructor to teach the course and to use other subject matter experts as available;

(6) ensure that the class receives a minimum of 50 hours of instruction, unless the department grants a waiver based on evidence of equivalent training; and

(7) agree to assist the certifying officer, as set out in the department's Guide for EMS Instructors and Certifying Officers in Alaska, in the administration of the written and practical examinations for certification under 7 AAC [26.060](#), except that the department will grant a waiver of the requirement of this paragraph upon the showing of a reasonable justification that the department determines does not threaten public health; the department's Guide for EMS Instructors and Certifying Officers in Alaska, is adopted by reference in (b)(7) of this section.

(e) An individual applying for methods-of-instruction training course approval must

(1) use a curriculum that the department determines meets or exceeds the objectives of the United States Department of Transportation, National Highway Traffic Safety administration's EMS Instructor Training Program: National Standard Curriculum, adopted by reference in 7 AAC [26.030\(d\)](#) (3)(B);

(2) ensure that the class receives a minimum of 40 hours of instruction;

(3) agree to use, as course coordinator, an EMT-I instructor, EMT-II instructor, or EMT-III instructor, approved by the department, who has taught, within the three years before the date of application, at least

(A) eight hours of a department-approved methods-of-instruction training course, and to use other subject matter experts as available; or

(B) 15 hours of an EMT-I instructor training course that the department approved before 8/16/2002, and to use other subject matter experts as available; and

EMS Related Regulations Amended to Register 163

(4) submit a request for course approval at least 60 days before the start of the course; the department will waive the 60-day requirement upon the showing of a reasonable justification that the department determines does not threaten public health.

(f) An individual applying for approval for a refresher course for EMT-I, EMT-II, or EMT-III must

(1) be certified as an instructor to teach an EMT training program at the level for which the refresher course is offered;

(2) agree to ensure that an instructor certified to teach at the EMT level for which the course is offered will be in attendance throughout the entire refresher training course;

(3) for an EMT-I refresher training course, agree to use a department-approved curriculum that is at least 24 hours in length and that addresses at least vital signs, splinting, spinal injury management, patient evaluation, EMS reports, and updates on medical equipment information and procedures, as well as additional content as appropriate based on the instructor's assessment of the students' training needs;

(4) for an EMT-II refresher training course, agree to use a department-approved curriculum that is at least 24 hours in length and that devotes at least four hours to EMT-II level content as appropriate based on the instructor's assessment of the students' training needs; and

(5) for an EMT-III refresher training course, agree to use a department-approved curriculum that is at least 24 hours in length and that devotes at least four hours to EMT-II level content and at least four hours to EMT-III level content as appropriate based on the instructor's assessment of the students' training needs.

(g) The department will, in its discretion, require an EMT-I, EMT-II, or EMT-III Instructor to complete a department-approved orientation, if a department-approved curriculum changes substantially.

(h) An individual applying for an Alaska EMS instructor orientation course approval must

(1) agree to use curriculum that the department determines meets or exceeds the objectives of the department's Alaska Specific Instructor Orientation Objectives, dated January 2002 and adopted by reference;

(2) ensure that the class receives a minimum of 16 hours of instruction;

(3) agree to use

(A) as course coordinator, a certifying officer with a minimum of two years experience as a certifying officer and who has taught, within the three years

EMS Related Regulations Amended to Register 163

before the date of application, at least three hours of a department-approved EMS instructor orientation course or a department-approved methods-of-instruction training course; and

(B) other subject matter experts as available; and

(4) submit a request for course approval at least 30 days before the start of the course; the department will waive the 30-day requirement based upon the showing of a reasonable justification that the department determines does not threaten public health.

(i) An individual applying for a basic instructor orientation course approval must

(1) agree to use a curriculum that the department determines meets or exceeds the objectives of the department's Basic Instructor Orientation Objectives, dated January 2002 and adopted by reference;

(2) ensure that the class receives a minimum of 12 hours of instruction;

(3) agree to use

(A) as course coordinator, a certifying officer with a minimum of two years experience as a certifying officer and who has taught, within the three years before the date of application, at least three hours of a department-approved basic instructor orientation course or a department-approved methods-of-instruction training course; and

(B) other subject matter experts as available;

(4) agree to limit course enrollment to individuals who have met the qualifications for certification set out in 7 AAC [26.030\(d\)](#) (1), (2), (5), and (6); and

(5) submit a request for course approval at least 30 days before the start of the course; the department will waive the 30-day requirement based upon the showing of a reasonable justification that the department determines does not threaten public health.

(j) An individual applying for an advanced instructor orientation course approval must

(1) agree to use a curriculum that the department determines meets or exceeds the objectives of the department's Advanced Instructor Orientation Objectives, dated January 2002 and adopted by reference;

(2) ensure that the class receives a minimum of eight hours of instruction;

(3) agree to use

EMS Related Regulations Amended to Register 163

(A) as course coordinator, an EMT-III certifying officer with a minimum of two years experience as a certifying officer and who has taught, within the three years before the date of application, at least three hours of a department-approved advanced instructor orientation course; and

(B) other subject matter experts as available;

(4) agree to limit course enrollment to individuals who have met the qualifications for certification set out in 7 AAC [26.030\(e\)](#) (1), (2), (4), and (5) or in 7 AAC [26.030\(f\)](#) (1), (2), (4), and (5), as applicable; and

(5) submit a request for course approval at least 30 days before the start of the course; the department will waive the 30-day requirement based upon the showing of reasonable justification that the department determines does not threaten public health.

(k) An individual applying for an ETT-to-EMT training course approval must

(1) be certified by the department as an EMT-I instructor;

(2) use a curriculum that the department determines meets or exceeds the objectives of the department's Alaska ETT to EMT-I Bridge Course Curriculum, dated June 2001 and adopted by reference;

(3) ensure the class receives a minimum of 80 hours of instruction;

(4) agree to limit enrollment in the course to individuals who have

(A) a valid ETT card signed by a certified ETT instructor; and

(B) a valid CPR credential; and

(5) submit a request for course approval at least 30 days before the start of the course; the department will waive the 30-day requirement based upon the showing of a reasonable justification that the department determines does not threaten public health. (History: Eff. 12/31/81, Register 80; am 10/14/84, Register 92; am 10/23/92, Register 124; am 5/22/96, Register 138; am 8/16/2002, Register 163)

Authority: [AS 18.08.080](#)

[AS 18.08.082](#)

[AS 18.08.084](#)

Editor's note: The department's Emergency Medical Technician-I Course Objectives, Emergency Medical Technician-II Course Objectives, Emergency Medical Technician-III Course Objectives, Guide for EMS Instructors and Certifying Officers in Alaska, Alaska Specific Instructor Orientation Objectives, Basic Instructor Orientation Objectives, Advanced Instructor Orientation Objectives, and Alaska ETT to EMT-I Bridge Course Curriculum, are available for a fee from the Section of Community Health and Emergency Medical Services, Division of Public Health, Department of Health and

EMS Related Regulations Amended to Register 163

Social Services, P.O. Box 110616, Juneau, Alaska 99811-0616, and may be viewed at that office. The publications are also posted by the department on the Internet at <http://www.chems.alaska.gov>.

7 AAC 26.060. ADMINISTRATION OF EXAMINATIONS. (a) The department is the official testing agency for each level of certification and will develop a security system for administering all examinations.

(b) The department is the official testing agency for the National Registry of Emergency Medical Technicians, or other department-approved EMS examinations, and will control the release of all examinations approved for certification within Alaska.

(c) The department or its designee will administer the examinations.

(d) Examinations will have a written section and a practical section.

(e) The practical examination will be task oriented and will require the student to demonstrate physical skills required at each level of certification.

(f) Examinations will be verified by a department-approved certifying officer.

(g) The department may modify the EMT-I, EMT-II, or EMT-III examination. No other entity may modify any portion of a department-approved written or practical examination for certification.

(h) Except as provided in (j) of this section, the department will use certifying officers to monitor the practical part of an examination and administer the written part of an examination. A certifying officer may not be the primary instructor of the students being examined for certification, unless granted a waiver by the department upon the showing of a reasonable justification that the department determines does not threaten public health.

(i) An individual requesting department approval as a certifying officer must be certified as an EMT-I instructor, EMT-II instructor, or EMT-III instructor and

(1) for approval as an EMT-II certifying officer, must be

(A) certified as an

(i) EMT-III; or

(ii) EMT-Paramedic by the National Registry of Emergency Medical Technicians; or

EMS Related Regulations Amended to Register 163

(B) authorized to practice in the state as a physician, physician assistant, or mobile intensive care paramedic under [AS 08.64](#) or as a registered nurse under AS 08.68;

(2) for approval as an EMT-II certifying officer, must satisfy the requirements of (1) of this subsection or be certified as an EMT-II;

(3) for approval as an EMT-I certifying officer, must satisfy the requirements of (1) of this subsection or be certified as an EMT-I or EMT-II;

(4) must provide evidence of having assisted a department-approved certifying officer in the administration of an examination at the level of certifying officer for which the individual seeks to be approved; and

(5) must provide evidence of having satisfactorily performed, under the direct supervision of a department-approved certifying officer, the duties of a certifying officer in at least two department-approved EMT examinations.

(j) If allowed in the department's Guide for EMS Instructors and Certifying Officers in Alaska, adopted by reference in 7 AAC [26.050\(b\)](#) (7), an individual other than a certifying officer may administer the written part of the EMT-I examination. Upon request, and upon the showing of a reasonable justification that the department determines does not threaten public health, the department will authorize an individual to read the EMT-I examination to a person. (History: Eff. 12/31/81, Register 80; am 10/14/84, Register 92; am 10/23/92, Register 124; am 7/4/99, Register 151; am 8/16/2002, Register 163)

Authority: [AS 18.08.080](#)

[AS 18.08.082](#)

[AS 18.08.084](#)

Editor's note: The department's Guide for EMS Instructors and Certifying Officers in Alaska, referred to in 7 AAC [26.060](#) and adopted by reference in 7 AAC [26.050](#) is available for a fee from the Section of Community Health and Emergency Medical Services, Division of Public Health, Department of Health and Social Services, P.O. Box 110616, Juneau, Alaska 99811-0616, and may be viewed at the office. The publication is also posted by the department on the Internet at <http://www.chems.alaska.gov>.

7 AAC 26.070. EXAMINATIONS FOR INITIAL CERTIFICATION. (a) The certification examination for EMT-I consists of a department-approved examination that tests the applicant on the knowledge and skill objectives of the department's Emergency Medical Technician-I Course Objectives, adopted by reference in 7 AAC [26.050\(b\)](#) (2).

(b) The certification examination for EMT-II consists of a department-approved examination that tests the applicant on the knowledge and skill objectives of the department's

(1) Emergency Medical Technician-I Course Objectives, adopted by reference in 7 AAC [26.050\(b\)](#) (2); and

EMS Related Regulations Amended to Register 163

(2) Emergency Medical Technician-II Course Objectives, adopted by reference in 7 AAC [26.050\(c\)](#) (4).

(c) The certification examination for EMT-III consists of a department-approved examination that tests the applicant on the knowledge and skill objectives

(1) for EMT-II addressed under (b) of this section; and

(2) of the department's Emergency Medical Technician-III Course Objectives, adopted by reference in 7 AAC [26.050\(d\)](#) (4). (History: Eff. 12/31/81, Register 80; am 10/14/84, Register 92; am 10/23/92, Register 124; am 5/22/96, Register 138; am 8/16/2002, Register 163)

Authority: [AS 18.08.080](#)

[AS 18.08.082](#)

[AS 18.08.084](#)

Editor's note: The department's Emergency Medical Technician-I Course Objectives, Emergency Medical Technician-II Course Objectives, Emergency Medical Technician-III Course Objectives, referred to in 7 AAC [26.070](#) and adopted by reference in 7 AAC [26.050](#), are available for a fee from the Section of Community Health and Emergency Medical Services, Division of Public Health, Department of Health and Social Services, P.O. Box 110616, Juneau, Alaska 99811-0616, and may be viewed at the office. The publications are also posted by the department on the Internet at <http://www.chems.alaska.gov>.

7 AAC 26.080. TESTING FEES. (a) An applicant for certification as an EMT-I, EMT-II, EMT-III, ETT instructor, EMT-I instructor, EMT-II instructor, or EMT-III instructor shall pay to the department a non-refundable fee of \$25 for the first written examination attempt and \$10 for each subsequent attempt.

(b) An applicant for recertification as an EMT-I, EMT-II, EMT-III, ETT instructor, EMT-I instructor, EMT-II instructor, or EMT-III instructor shall pay to the department a nonrefundable fee of \$25 for the first written examination attempt and \$10 for each subsequent attempt. (History: Eff. 12/31/81, Register 80; am 10/23/92, Register 124; am 5/22/96, Register 138; am 8/16/2002, Register 163)

Authority: [AS 18.08.080](#)

[AS 18.08.082](#)

[AS 18.08.084](#)

7 AAC 26.090. INITIAL CERTIFICATION EXAMINATION FAILURE. (a) A person applying for initial certification as an EMT-I, EMT-II, or EMT-III who fails to obtain a passing score on the written examination in three attempts, or on the practical examination in two attempts, must successfully complete a refresher training course before re-examination.

(b) A person applying for initial certification as an EMT-I, EMT-II, or EMT-III who fails to obtain a passing score on either the written or practical section in two attempts after successfully completing a refresher training course must successfully retake the initial training

EMS Related Regulations Amended to Register 163

course before re-examination. (History: Eff. 12/31/81, Register 80; am 10/14/84, Register 92; am 10/23/92, Register 124)

Authority: [AS 18.08.080](#)

[AS 18.08.082](#)

[AS 18.08.084](#)

7 AAC 26.100. TERM OF CERTIFICATION. (a) Certification is valid for two years, except that

(1) an initial certification for an EMT-I applicant who completed the initial training course before July 1 of a year expires on December 31 of the following year;

(2) an initial certification for an EMT-II, EMT-III, EMT-I Instructor, EMT-II Instructor, or EMT-III Instructor applicant who completed the initial training course or department-approved orientation before July 1 of a year expires on the second March 31 following the year of issuance;

(3) an initial certification for an EMT-I applicant who completed the initial training course or department-approved orientation after June 30 of a year expires on December 31 of the second year following the year of issuance;

(4) an initial certification for an EMT-II, EMT-III, EMT-I Instructor, EMT-II Instructor, or EMT-III Instructor applicant who completed the initial training course or department approved orientation after June 30 of a year expires on the third March 31 following the year of issuance;

(5) an EMT-I recertification expires on the second December 31 following the expiration of the most recent certification regardless of the date of issuance of recertification;

(6) an EMT-II, EMT-III, EMT-I Instructor, EMT-II Instructor, or EMT-III Instructor recertification expires on the second March 31 following the expiration of the most recent certification regardless of the date of issuance of recertification;

(7) based upon a reasonable justification, the department will, in its discretion, extend the certification of an individual for a period of not more than 60 days beyond the date of the lapse of certification; and

(8) upon written request of an individual, the department will, in its discretion, shorten the certification period of the individual by one year in order to make state expiration dates consistent with other members of the individual's emergency medical service or with the expiration date granted by the National Registry of Emergency Medical Technicians.

(b) The department will notify a state-certified EMT or EMT Instructor, and the medical director of a state-certified EMT-I, EMT-II, or EMT-III, at least 60 days before the certification's expiration date, that the certification will expire if the recertification requirements listed in 7

EMS Related Regulations Amended to Register 163

AAC [26.110](#) are not satisfied. Notification will be sent to the most current address on file at the department.

(c) The department will recertify a person upon successful completion of the recertification requirements in 7 AAC [26.110](#).

(d) If a person fails to apply for recertification within three years after the expiration date of the person's certification as an EMT-I, EMT-II, or EMT-III, the person must reapply as for initial certification.

(e) The date used to determine eligibility for recertification is the expiration date of the certificate, not including any extension granted under (a)(7) of this section. (History: Eff. 12/31/81, Register 80; am 10/14/84, Register 92; am 10/23/92, Register 124; am 5/22/96, Register 138; am 8/16/2002, Register 163)

Authority: [AS 18.08.080](#)

[AS 18.08.082](#)

[AS 18.08.084](#)

7 AAC 26.110. RECERTIFICATION. (a) To be recertified, an EMT-I, EMT-II, or EMT-III, not more than one year

(1) after the date of expiration of that person's EMT certification, must

(A) apply for recertification in writing on a form provided by the department;

(B) provide evidence of a valid CPR credential;

(C) provide evidence of successful completion of a total of at least 48 hours of department-approved continuing medical education within the two years before the date of application; successful completion of a department-approved refresher training course may be applied, on an hour-for-hour basis, towards satisfaction of the requirement of this subparagraph; and

(D) either

(i) provide evidence of successful completion, not more than one year before the date of expiration of the person's certification, of the practical examination for recertification at the appropriate level; or

(ii) submit, on a form provided by the department, verification from a department-approved instructor that the person has, not more than one year before the date of expiration of the person's certification, successfully demonstrated competence in skill areas set out in the department's skill sheets for the EMT level for which recertification is sought; and

EMS Related Regulations Amended to Register 163

(2) before the date of expiration of that person's certification, must have passed the appropriate recertification written examination administered by the department.

(b) An EMT-II or EMT-III applying for recertification must also provide a written statement of sponsorship from a medical director who accepts the responsibilities set out in 7 AAC [26.640](#).

(c) To be recertified, an EMT-I instructor must, not more than one year after expiration of the current certification, apply for recertification, in writing, on a form provided by the department, and must

(1) provide evidence of at least one of the following valid credentials:

(A) EMT-I, EMT-II, or EMT-III certification by the department;

(B) EMT-Basic, EMT-Intermediate, or EMT-Paramedic certification from the National Registry of Emergency Medical Technicians;

(C) authorization to practice in the state as a physician, physician assistant, or mobile intensive care paramedic under [AS 08.64](#) or as a registered nurse under AS 08.68;

(2) repealed 10/23/92;

(3) obtain a score of 90 percent or above, within two attempts, on a department-approved EMT examination;

(4) provide evidence of a valid CPR Instructor credential, unless the department grants a waiver based on evidence that a credentialed CPR Instructor is available for each course taught, and provide at least one of the following:

(A) evidence that the person has been the primary instructor for one or more EMT training courses in the two years before the expiration date of the person's instructor certification;

(B) evidence that the person has taught a total of at least 24 hours of instruction, within the two years before the date of application, in unique content areas included in an EMT-I, EMT-II, or EMT-III training program; hours teaching in courses approved under 7 AAC [26.050](#) or that provide continuing medical education may be applied to satisfy this requirement;

(C) a letter of recommendation from a state-certified emergency medical service or state-approved EMS training agency, and evidence that the person has satisfactorily team-taught an EMT-I course with a department-approved instructor.

EMS Related Regulations Amended to Register 163

(d) To be recertified, an EMT-II instructor, not more than one year after expiration of the certification, must meet the requirements for initial certification as an EMT-II instructor set out in 7 AAC26.030(e) or must

(1) apply for recertification in writing, on a form provided by the department, not more than one year after expiration of the person's certification;

(2) provide evidence of at least one of the following valid credentials:

(A) EMT-Paramedic certification from the National Registry of Emergency Medical Technicians;

(B) authorization to practice in the state as a physician, physician assistant, or mobile intensive care paramedic under [AS 08.64](#) or as a registered nurse under AS 08.68;

(3) provide evidence that the person has taught, within the two years before the date of application, a total of at least 24 hours of instruction in unique content areas included in an EMT-I, EMT-II, or EMT-III training program; hours teaching in courses approved under 7 AAC [26.050](#) or that provide continuing medical education may be applied to satisfy this requirement; and

(4) complete, within two attempts made no more than one year before expiration of the certification, the written examination for EMT-III certification with at least a 90 percent grade on the EMT-I, EMT-II, and EMT-III sections of the examination.

(e) To be recertified, an EMT-III instructor, not more than one year after expiration of the certification, must meet the requirements for initial certification as an EMT-III instructor set out in 7 AAC [26.030\(f\)](#) or must

(1) apply for recertification in writing, on a form provided by the department, not more than one year after expiration of the person's certification;

(2) provide evidence of at least one of the following valid credentials:

(A) EMT-Paramedic certification from the National Registry of Emergency Medical Technicians; or

(B) authorization to practice in the state as a physician, physician assistant, or mobile intensive care paramedic under [AS 08.64](#) or a registered nurse under AS 08.68.

(3) provide evidence that the person has taught, within the two years before the date of application, a total of at least 24 hours of instruction in unique content areas included in an EMT-I, EMT-II, or EMT-III training program; hours teaching in courses

EMS Related Regulations Amended to Register 163

approved under 7 AAC [26.050](#) or that provide continuing medical education may be applied to satisfy this requirement; and

(4) complete, within two attempt made no more than one year before expiration of the certification, the written examination for EMT-III certification with at least a 90 percent grade on the EMT-I, EMT-II, and EMT-III sections of the examination.

(f) An EMT-I, EMT-II, or EMT-III who did not timely apply for recertification under (a) of this section and whose certification has been expired for more than one year but less than three years, must apply for recertification in writing on a form provided by the department and

(1) must provide evidence of a valid CPR credential;

(2) not more than one year before the date of application for recertification, must have passed the appropriate recertification written and practical examinations administered by the department;

(3) must provide evidence of successful completion of a total of at least 48 hours of department-approved continuing medical education within the two years before the date of application;

(4) not more than one year before the date of application, must have successfully completed a department-approved refresher training course for EMT-I, EMT-II, or EMT-III; and

(5) must submit, on a form provided by the department, verification from a department-approved instructor that the person has successfully demonstrated, during the year before the date of application, competence in skill areas set out in the department's skill sheets for the EMT level for which recertification is sought.

(g) An EMT-I, EMT-II, or EMT-III with a certification expiration date after December 31, 1995, whose training did not include the skills contained in the United States Department of Transportation, National Standard Curriculum, Emergency Medical Technician: Basic, 1994, must take a department approved refresher training program or curriculum transition program that includes those skills appropriate to the level of recertification before being recertified.

(h) An applicant for recertification may not have a history that includes one or more of the grounds for denial of recertification set out

(1) in 7 AAC [26.950\(a\)](#) ; or

(2) in 7 AAC [26.950\(b\)](#) and (c) unless the department's consideration of one or more of the factors in 7 AAC [26.950\(f\)](#) (1) - (5) results in a finding that issuance of the certificate is appropriate.

EMS Related Regulations Amended to Register 163

(i) If the department determines that the curriculum originally used to train an applicant for recertification whose certificate has been lapsed for more than two years has changed substantially, the department may require the applicant to repeat the initial EMT-I, EMT-II, or EMT-III course, as applicable, and apply as for initial certification.

(j) No more than 24 hours of continuing medical education obtained through distance delivery education may be applied to satisfy the applicable recertification requirements of this section in one certification period.

(k) Except for courses approved under 7 AAC [26.050](#) or 7 AAC 26.115 or as otherwise provided in this subsection, a single continuing medical education course may not be applied to satisfy more than 16 hours of the requirements of this section for continuing medical education. The department will permit a single continuing medical education course to be applied to satisfy more than 16 hours on a course-by-course basis if the department determines that the nature and extent of the content of that course warrants a greater number of hours.

(l) Continuing medical education hours may be applied only to satisfy the applicable recertification requirements of this section for one certification period. (History: Eff. 12/31/81, Register 80; am 10/14/84, Register 92; am 10/23/92, Register 124; am 5/22/96, Register 138; am 6/23/2001, Register 158; am 8/16/2002, Register 163)

Authority: [AS 18.08.080](#)

[AS 18.08.082](#)

[AS 18.08.084](#)

7 AAC 26.115. CONTINUING MEDICAL EDUCATION. (a) An individual who is required under 7 AAC [26.110](#) to successfully complete continuing medical education may request the department to review a proposed continuing medical education program and determine the number of hours of continuing medical education that the department will approve for application toward the continuing medical education requirements set out in 7 AAC [26.110](#) based on successful completion of the proposed program.

(b) The provider of a proposed continuing medical education program who requests department review and approval of that program must

(1) provide evidence that the provider possesses expertise to teach the proposed material; and

(2) agree to provide each student who successfully completes the continuing medical education course with documentation that states

(A) the name of the provider awarding the hours of continuing medical education;

(B) the number of hours of continuing medical education awarded;

(C) the date on which the hours of continuing medical education were awarded; and

EMS Related Regulations Amended to Register 163

(D) brief description of the medical content for which the hours of continuing education were awarded.

(c) A provider requesting department review and approval under (b) of this section of a proposed continuing medical education program via distance delivery education means must show that the provider

(1) has a system in place to ensure that the individual being awarded the hours of continuing medical education is the individual who completed the work;

(2) has a methodology for determining the number of hours of continuing medical education to be awarded based on a certain amount of work; and

(3) uses an evaluation process to verify the student's acquisition of the subject matter.

(d) The department will award up to 12 hours of continuing medical education for serving as a certifying officer, simulated patient, bystander, or proctor in a practical examination conducted under 7 AAC [26.060](#). (History: Eff. 8/16/2002, Register 163)

Authority: [AS 18.08.080](#) [AS 18.08.082](#) [AS 18.08.084](#)

7 AAC 26.120. EXAMINATIONS FOR RECERTIFICATION

Repealed 10/14/84.

7 AAC 26.130. RECERTIFICATION EXAMINATION FAILURE; NONRENEWAL OF CERTIFICATION. (a) Failure of an EMT-I, EMT-II, or EMT-III to obtain a passing score on the written recertification examination in three attempts or on the practical examination in two attempts will result in the certification not being renewed.

(b) Failure of an EMT-instructor to obtain a passing score on the written examination within two attempts will result in the certification not being renewed.

(c) An EMT or EMT-instructor who is seeking recertification but who fails to obtain a passing grade on a recertification examination, as required by this section, must instead apply as for initial certification under 7 AAC [26.030](#). (History: Eff. 12/31/81, Register 80; am 10/14/84, Register 92; am 10/23/92, Register 124)

Authority: [AS 18.08.080](#) [AS 18.08.082](#) [AS 18.08.084](#)

7 AAC 26.140. GROUNDS FOR SUSPENSION, REVOCATION, OR REFUSAL TO ISSUE A CERTIFICATE

Repealed. (History: Eff. 12/31/81, Register 80; am 10/14/84, Register 92; am 10/23/92, Register 124; repealed, 6/23/2001, Register 158)

EMS Related Regulations Amended to Register 163

7 AAC 26.150. COMITY. (a) The department will issue a certificate for the equivalent level to a person who has a valid certification as an EMT-I, EMT-II, or EMT-III or the equivalent in another state or territory or has a valid certification from the National Registry of Emergency Medical Technicians, if the person provides the department with the following:

- (1) a copy of the valid state, territory, or National Registry certification;
- (2) evidence of a valid CPR credential;
- (3) other proof that the department will require as necessary to assess the person's qualifications;
- (4) evidence of successful completion of the written and practical examination, administered by the department, at the level for which the person is applying, unless the person is applying for certification as an EMT-I;
- (5) for applicants for EMT-II or EMT-III certification, evidence of the sponsorship of a medical director, approved by the department, who accepts the responsibilities set out in 7 AAC [26.640](#); and
- (6) a non-refundable application fee of \$25.

(b) Repealed 8/16/2002.

(c) Repealed 8/16/2002.

(d) A person who is certified or licensed in another state or territory as an EMT-I, or equivalent, but whose training does not include the objectives contained in the United States Department of Transportation, National Standard Curriculum for the Emergency Medical Technician: Basic, 1994, will be issued an EMT-I certificate valid until December 31 of the year of application, but the person must take a department-approved refresher training program and must apply for recertification as an EMT-I in order to practice as an EMT-I after that date.

(e) When providing mutual aid, and when treating and transporting a patient to or within this state, a person who is licensed or certified in another state, territory, or nation, as an EMT, mobile intensive care paramedic, or some other designation as an emergency medical responder, may provide care consistent with the scope of practice in the state, territory, or nation of origin, so long as medical direction is provided by a physician for advanced life support procedures, and the care is not precluded by the laws of the state, territory, or nation of origin.

(f) The department will, in its discretion, issue an EMT-I, EMT-II, or EMT-III certificate to a person living in another state, territory, or nation, if the person will provide care in this state under a mutual aid agreement with an emergency medical service certified under [AS 18.08](#) and this chapter. The applicant must meet the requirements of 7 AAC [26.030](#), except that a person providing advanced life support may be under the sponsorship of a physician licensed in the other state, territory, or nation who agrees to fulfill the requirements outlined in 7 AAC [26.640](#).

EMS Related Regulations Amended to Register 163

(g) An applicant under this section may not have a history that includes one or more of the grounds for denial of certification set out

(1) in 7 AAC [26.950\(a\)](#); or

(2) in 7 AAC [26.950\(b\)](#) unless the department's consideration of one or more of the factors in 7 AAC [26.950\(f\)](#) (1) - (5) results in a finding that issuance of the certificate is appropriate. (History: Eff. 12/31/81, Register 80; am 10/14/84, Register 92; am 10/23/92, Register 124; am 5/29/93, Register 126; am 5/22/96, Register 138; am 6/23/2001, Register 158; am 8/16/2002, Register 163)

Authority: [AS 18.08.080](#)

[AS 18.08.082](#)

[AS 18.08.084](#)

Editor's note: The publications mentioned in 7 AAC [26.150](#) are available for a fee from the emergency medical services section, Department of Health and Social Services, P.O. Box 110616, Juneau, Alaska 99811-0616.

7 AAC 26.160. PERSONS PRACTICING AS EMERGENCY MEDICAL TECHNICIANS OR INSTRUCTORS BEFORE JULY 1, 1982

Repealed 10/14/84.

7 AAC 26.170. DEFINITIONS

Repealed 10/23/92.

7 AAC 26.172. MOBILE INTENSIVE CARE PARAMEDIC (MICP) TRAINING COURSES. (a) An individual or organization may apply for approval of mobile intensive care paramedic training courses within Alaska. An individual or organization applying for approval of a mobile intensive care paramedic training course shall:

(1) apply to the department for course approval at least 120 days before the first day of the class; a request for course approval must be made on a form provided by the department, and must include prospective class and laboratory schedules and requirements for clinical and field internship rotations;

(2) have a course coordinator certified in accordance with 7 AAC [26.174](#) who agrees to fulfill the responsibilities set out in 7 AAC [26.176](#);

(3) agree to use a curriculum that meets the requirements outlined in 12 AAC [40.320](#), and the skills listed in the August, 1997 revision of the department's Alaska Paramedic Program Skill List, adopted by reference, and:

(A) plan for and present at least 500 hours of didactic instruction;

(B) plan for and provide at least 232 hours of clinical instruction in accordance with paragraph (6) of this subsection; and

EMS Related Regulations Amended to Register 163

(C) plan for and ensure at least 480 hours of field internship in accordance with 12 AAC [40.325](#), as well as documentation of 40 advanced life support emergency patient encounters, including at least 10 cardiac, 10 respiratory, 10 trauma, and 10 general medical emergencies;

(4) provide evidence that sufficient medical and educational equipment, in reliable working condition, and other appropriate instructional materials will be available to meet the training needs of the paramedic training course;

(5) have a written agreement with a physician who meets the qualifications for an MICP course medical director and agrees to fulfill the responsibilities outlined in 7 AAC [26.662\(b\)](#) ;

(6) have written agreements with institutions and agencies that are to provide clinical experience to MICP students; under an agreement, an institution or agency must agree to:

(A) provide access to patients, in sufficient numbers and distributed by age and sex, who present common problems encountered in the delivery of advanced life support emergency patient care;

(B) assign students to sufficient clinical settings, including the operating room, recovery room, obstetrics, pediatrics, intensive care unit, psychiatric, respiratory therapy, coronary care unit, and the emergency department, in order to provide students with access to patients, in sufficient numbers and distributed by age and sex, who present common problems in the delivery of advanced life support pre-hospital emergency patient care; and

(C) ensure that the students are supervised by course instructors or clinical hospital personnel, such as physician assistants, nurses, and physicians;

(7) have written agreements with one or more advanced life support emergency medical services agencies that have a sufficient call volume to provide students with access to patients, distributed by age and sex, who present common problems in the delivery of advanced life support pre-hospital emergency patient care; under an agreement, an agency must

(A) provide evidence that adequate personnel resources exist within the EMS system so that the assigned student is never used as a substitute for EMS system personnel or as a required team member;

(B) ensure that the student is under the direct supervision of a physician or mobile intensive care paramedic, licensed or certified in the state where the internship takes place, who has been designated the responsibility of supervision by the course medical director;

EMS Related Regulations Amended to Register 163

(C) ensure that the student is assigned to a unit that has the capability of voice communications with on-line medical direction and that carries equipment and medications necessary for advanced life support;

(D) ensure that each student's performance is evaluated by the student's preceptor at the end of each shift and that the evaluation findings are documented on a form approved by the department and provided to the student at the end of each shift and to the MICP course coordinator at least once per week; and

(E) keep records concerning the types and numbers of emergency medical care procedures performed and whether each emergency medical procedure was performed competently;

(8) agree to limit enrollment to an individual who

(A) is currently registered by the National Registry of Emergency Medical Technicians (NREMT) at either the NREMT-Basic or NREMT-Intermediate levels, or who is certified in Alaska at the EMT-I, EMT-II, or EMT-III levels; and

(B) repealed 8/16/2002.

(9) have an advisory board charged with assisting sponsoring course personnel in meeting the responsibilities set out in this subsection and (b) of this section, including the review of the progress of the course and each student; the advisory board shall include, at a minimum, the following five individuals: the course medical director, the course coordinator, a mobile intensive care paramedic licensed in Alaska, a registered nurse involved with the student's clinical supervision or training, and a physician from the emergency department of a facility where clinical training is performed; the board must meet at least quarterly when the paramedic training course is in session;

(10) agree to ensure that students are clearly identified, whenever they are in clinical instruction and field settings, by name plate, uniform, or other apparent means to distinguish them from licensed MICPs, other health professionals, workers, and students;

(11) agree to provide a plan to verify the student's achievement of objectives stated in the didactic instruction, clinical instruction, and field internship portions of the MICP curriculum;

(12) agree to provide graduates of the training course with evidence of successful course completion signed by the course medical director and the MICP course coordinator;

(13) require students to pass, as a condition of successful course completion and eligibility for examinations for licensing under 12 AAC [40.310](#), comprehensive written and practical examinations that are representative of the type and complexity of examinations used for MICP licensing;

EMS Related Regulations Amended to Register 163

(14) provide an attendance policy that delineates the number of hours of didactic instruction that can be missed by a student and that ensures that appropriate remediation occurs after any excused absences;

(15) ensure that the student has demonstrated competence in the skills listed in the August 1997 revision of the department's Alaska Paramedic Program Skill List, adopted by reference in this section, before the beginning of the field internship;

(16) agree to arrange for an initial written and practical examination under 12 AAC [40.310\(a\)](#) (6) to take place within six months following completion of the didactic instruction portion of the course; and

(17) agree to maintain during the course, and make accessible to the department within two working days of receipt of a written request from the department, the records listed in 7 AAC [26.176\(a\)](#) (9).

(b) The department will approve a mobile intensive care paramedic training course that meets the requirements of (a) of this section.

(c) If the department approves a mobile intensive care paramedic training course under (b) of this section, the didactic instruction, clinical instruction, and field internship components of the course must be completed within 24 months following the first day of the course, unless the department, in its discretion, waives this requirement.

(d) An individual who is, or was, enrolled in a department approved MICP training course has the right to view the documentation listed in 7 AAC [26.176\(a\)](#) (9).

(e) The department will approve a mobile intensive care paramedic training course that was in progress on the effective date of this section if the individual or organization applies for course approval and meets the requirements of (a) of this section, but the provision of (a)(1) of this section that requires application for course approval at least 120 days before the first day of class does not apply to an application made under this subsection. (History: Eff. 3/11/98, Register 145; am 8/16/2002, Register 163)

Authority: [AS 18.08.080](#)

[AS 18.08.082](#)

[AS 18.08.084](#)

Editor's note: The Alaska Paramedic Program Skill List is available at no charge from the Section of Community Health and EMS, Department of Health and Social Services, Box 110616, Juneau, AK 99811-0616.

7 AAC 26.174. QUALIFICATIONS FOR CERTIFICATION AS A MOBILE INTENSIVE CARE PARAMEDIC (MICP) COURSE COORDINATOR. An individual may obtain a certificate as a mobile intensive care paramedic course coordinator for a MICP training course if the individual is a physician who meets the qualifications of 7 AAC [26.662\(a\)](#) (1) - (3), or if the individual is a physician assistant, registered nurse, or mobile intensive care paramedic and is currently licensed

EMS Related Regulations Amended to Register 163

in Alaska, or if the individual is certified by the National Registry of EMTs as a paramedic, and the individual:

(1) completes an application form provided by the department;

(2) with the application, provides evidence that the individual has

(A) taught at least 50 hours in eight or more of the subject areas contained in the United States Department of Transportation National standard Curriculum for the EMT-Paramedic, within the five years preceding the date of application, to an audience that included paramedics;

(B) at least three years of pre-hospital care experience at the paramedic level; and

(C) at least one year of responsibility for coordinating education for advanced life support pre-hospital care providers within the preceding five years; and

(3) pays to the department a \$100 application processing fee. (History: Eff. 3/11/98, Register 145)

Authority: [AS 18.08.080](#)

[AS 18.08.082](#)

[AS 18.08.084](#)

7 AAC 26.176. RESPONSIBILITIES OF THE MICP COURSE COORDINATOR (a) An individual who is certified as a MICP course coordinator is responsible for:

(1) academic counseling for students;

(2) ensuring the availability of necessary training equipment;

(3) selecting the appropriate skills lab personnel;

(4) course development;

(5) compliance with applicable regulations related to MICP training and licensing;

(6) selecting the appropriate faculty in conjunction with the course medical director;

(7) the monitoring and evaluation of each of the course's students and members of the course faculty;

(8) providing for course completion testing and initial testing of students for licensure in accordance with 12 AAC [40.310](#);

EMS Related Regulations Amended to Register 163

(9) ensuring that, within 21 days following completion of the didactic instruction portion of the course, the department is provided with the following information, attested by the course medical director:

- (A) course number;
- (B) students' names;
- (C) the pass/fail status of each student and the students' final course grades;
- (D) the name of the course medical director;
- (E) the name of the MICP course coordinator;
- (F) the number of hours of didactic instruction training;
- (G) course admission requirements;
- (H) documentation of student attendance, test scores, and EMS credentials obtained during the course; and
- (I) description of qualifications, duties, and responsibilities of faculty members; and

(10) ensuring that, within 21 days following completion of the clinical instruction and field internship portions of the course by each student, the department is provided with the number of hours of clinical instruction training and number of hours of field internship training for each student, attested by the course medical director.

(b) The responsibilities set out in (a) of this section may not be delegated to an individual who is not certified by the department as a MICP course coordinator. (History: Eff. 3/11/98, Register 145)

Authority: [AS 18.08.080](#) [AS 18.08.082](#) [AS 18.08.084](#)

7 AAC 26.178. TERM OF MICP COURSE COORDINATOR CERTIFICATION. (a) An MICP course coordinator certificate is valid for three years following the date of issue.

(b) To be recertified, an MICP course coordinator must, within one year after expiration of that person's MICP certification,

- (1) apply for recertification in writing on a form provided by the department;
- (2) pay to the department a non-refundable application processing fee of \$50; and

EMS Related Regulations Amended to Register 163

(3) provide evidence that the applicant has, within the five years before the date of application,

(A) taught at least 50 hours in eight or more of the subject areas addressed in the United States Department of Transportation, National Highway Traffic Safety Administration's EMT-Paramedic: National Standard Curriculum, as revised as of 1998 and adopted by reference, to an audience that included paramedics; and

(B) had at least one year of responsibility for coordinating education for advanced life support pre-hospital care providers. (History: Eff. 3/11/98, Register 145; am 8/16/2002, Register 163)

Authority: [AS 18.08.080](#)

[AS 18.08.082](#)

[AS 18.08.084](#)

Editor's note: The United States Department of Transportation, National Highway Traffic Safety Administration's Emergency Medical Technician-Paramedic: National Standard Curriculum, dated 1998, adopted by reference in 7 AAC [26.178](#), is available for a fee from the Section of Community Health and Emergency Medical Services, Division of Public Health, Department of Health and Social Services, P.O. Box 110616, Juneau, Alaska 99811-0616, and may be viewed at that office. The document may also be obtained from the National Highway Traffic Safety Administration, EMS Division, 400 Seventh Street, SW (NTS14), Washington, D.C. 20590 or at <http://www.nhtsa.dot.gov/people/injury/ems>.

7 AAC 26.180. GROUNDS FOR SUSPENSION OR REVOCATION OF MICP COURSE APPROVALS. (a) The department may suspend or revoke its approval of a paramedic training course made under 7 AAC [26.172](#), in compliance with the Administrative Procedure Act (AS 44.62), if the department finds that

(1) any of the responsibilities of the course coordinator set out in 7 AAC [26.176](#) have not been met;

(2) any of the requirements for course approval set out in 7 AAC [26.172\(a\)](#) are missing or no longer in effect;

(3) the applicant for course approval or certification as a MICP course coordinator used fraud or deceit to obtain course approval or certification as a MICP course coordinator;

(4) the MICP course coordinator or another person responsible for the records of a mobile intensive care paramedic training course falsified records related to training, student qualifications, or patient care; or

EMS Related Regulations Amended to Register 163

(5) the MICP course coordinator or another person responsible for a mobile intensive care paramedic training course engaged in unethical or unprofessional conduct of a character likely to deceive, defraud, or harm the public.

(b) If the department receives documentation of one or more conditions listed in (a) of this section that may place a patient in danger, the department will, in its discretion, immediately suspend its approval of the MICP training course until allegations against the course are either substantiated or refuted. The MICP course coordinator of a course that has been suspended under this subsection is entitled to an administrative hearing in accordance with the Administrative Procedure Act within 60 days of making a written request to the department. (History: Eff. 3/11/98, Register 145)

Authority: [AS 18.08.080](#)

[AS 18.08.082](#)

[AS 18.08.084](#)

ARTICLE 2: EMERGENCY MEDICAL SERVICES OUTSIDE HOSPITALS

Section

210. Purpose.

220. Application for certification.

230. Qualifications for certification.

240. Scope of certified activities.

245. Reporting requirements.

250. Term of initial certification.

260. Recertification.

270. Grounds for suspension, revocation, or refusal to issue a certificate.

280. Actions not prohibited.

285. Mutual aid agreements.

290. (Repealed).

7 AAC 26.210. PURPOSE. The purpose of 7 AAC [26.210](#) - 7 AAC [26.290](#) is to promote the health and safety of the people of Alaska by setting minimum standards for an organization which provides, offers, or advertises to provide basic or advanced life-support emergency medical services outside a hospital. (History: Eff. 3/3/83, Register 85)

Authority: [AS 18.08.080](#)

7 AAC 26.220. APPLICATION FOR CERTIFICATION (a) An applicant for certification as an emergency medical service shall apply in writing to the department.

(b) The application form will be provided by the department and must contain the name of the organization and responsible official, the mailing address and, if different, the

EMS Related Regulations Amended to Register 163

geographical address, evidence that the applicant meets the requirements of 7 AAC [26.230](#), and other information the department considers necessary.

(c) A certificate will be issued by the department if the applicant satisfies the requirements of 7 AAC [26.230](#). (History: Eff. 3/3/83, Register 85)

Authority: [AS 18.08.080](#)

7 AAC 26.230. QUALIFICATIONS FOR CERTIFICATION. (a) An applicant for certification as an emergency medical service providing basic life-support outside a hospital

(1) shall list available emergency medical technicians I, and ensure that at least one emergency medical technician I, and one other person to act as driver when using a surface transportation vehicle, will be available to respond to emergencies 24 hours a day;

(2) must have a medical director who agrees to accept the responsibilities set out in 7 AAC [26.650\(a\)](#), and must submit written verification, on a form provided by the department, that the medical director meets the applicable qualifications set out in 7 AAC [26.630](#);

(3) must have a direct communications capability with a physician, hospital, or mid-level practitioner such as a physician assistant or nurse practitioner, unless the department grants a waiver because of technical communications problems;

(4) must have appropriate equipment to perform basic life-support medical procedures; and

(5) must have a program of continuing education which will enable its certified emergency medical personnel to meet state recertification requirements.

(b) An applicant for certification as an emergency medical service providing advanced life-support outside a hospital

(1) shall list available, certified personnel, such as emergency medical technicians II, emergency medical technicians III, mobile intensive care paramedics, or other personnel, including registered nurses or physicians, who may respond to medical emergencies on a regular basis;

(2) must have an EMT-II or EMT-III, mobile intensive care paramedic, or other medical personnel certified or licensed to provide advanced life support (e.g., registered nurse, physician's assistant, or physician), and at least one other person trained to at least the EMT-I level when using a surface transportation vehicle, available to respond to emergency calls 24 hours a day;

EMS Related Regulations Amended to Register 163

(3) must have a medical director who agrees to accept the responsibilities set out in 7 AAC [26.650\(a\)](#) , and must submit written verification on a form provided by the department, that the medical director meets the applicable qualifications set out in 7 AAC [26.630](#);

(4) must have a direct communications capability with a physician, hospital, or mid-level practitioner, unless the department grants a waiver because of technical communications problems;

(5) must have appropriate equipment to perform basic and advanced life-support medical procedures within the skill levels of available certified personnel; and

(6) must have a program of continuing education which will enable the certified emergency medical personnel to meet state recertification requirements.

(c) All state-certified EMTs and other medical personnel certified or licensed to provide basic or advanced life support, who are affiliated with a particular emergency medical service, shall be under the sponsorship of the same medical director. (History: Eff. 3/3/83, Register 85; am 6/27/92, Register 122; am 10/23/92, Register 124)

Authority: [AS 18.08.080](#) [AS 18.08.082](#) [AS 18.08.084](#)

7 AAC 26.240. SCOPE OF CERTIFIED ACTIVITIES. (a) A state-certified emergency medical service may provide, offer, or advertise to provide those basic or advanced life-support services that are within the capabilities of available certified or licensed personnel, and authorized by the medical director.

(b) Certified emergency medical services under this section may provide services on air medevacs whenever this is the most suitable means of transporting the patient. (History: Eff. 3/3/83, Register 85; am 10/23/92, Register 124)

Authority: [AS 18.08.080](#) [AS 18.08.082](#) [AS 18.08.084](#)

7 AAC 26.245. REPORTING REQUIREMENTS. (a) A certified emergency medical service providing either basic life-support or advanced life-support outside a hospital must complete an approved EMS report form for each patient treated. The report form must document vital signs and medical treatment given the patient.

(b) A copy of the completed EMS form must

(1) accompany the patient to the treatment facility;

(2) be sent to the medical director; and

(3) be kept by the EMS service as a permanent record.

EMS Related Regulations Amended to Register 163

(c) The medical director shall periodically review the EMS reports he or she receives, to determine the appropriateness of treatment given. (History: Eff. 3/3/83, Register 85; am 10/23/92, Register 124)

Authority: [AS 18.08.080](#) [AS 18.08.082](#) [AS 18.08.084](#)

Editor's note: The EMS report forms referred to in 7 AAC [26.245](#) may be obtained from the emergency medical services section, division of public health, Department of Health and Social Services, P.O. Box 110616, Juneau, Alaska 99811-0616.

7 AAC 26.250. TERM OF INITIAL CERTIFICATION. An initial certification expires on December 31 of the year following the year in which it was issued. (History: Eff. 3/3/83, Register 85)

Authority: [AS 18.08.080](#)

7 AAC 26.260. RECERTIFICATION. (a) To renew a certification, an applicant must complete and submit an application on a form provided by the department, showing that the applicant continues to meet the applicable requirements in 7 AAC [26.230](#).

(b) A recertification is valid for two years, and is subject to renewal under (a) of this section. History: Eff. 3/3/83, Register 85

Authority: [AS 18.08.080](#)

7 AAC 26.270. GROUNDS FOR SUSPENSION, REVOCATION, OR REFUSAL TO ISSUE A CERTIFICATE. The department, after compliance with the Administrative Procedure Act (AS 44.62), will, in its discretion, revoke, suspend, or refuse to issue a certificate

(1) for fraud or deceit in obtaining a certificate under 7 AAC [26.210](#) - 7 AAC [26.290](#);

(2) for gross misconduct by personnel of the emergency medical service providing basic or advanced life-support services;

(3) if a medical director is no longer sponsoring the emergency medical service;
or

(4) for failure to maintain appropriate equipment or communications capability.
(History: Eff. 3/3/83, Register 85; am 10/23/92, Register 124)

Authority: [AS 18.08.080](#) [AS 18.08.082](#) [AS 18.08.084](#)

7 AAC 26.280. ACTIONS NOT PROHIBITED. (a) Nothing in 7 AAC [26.210](#) - 7 AAC [26.290](#) prohibits a person certified above the EMT I level from using authorized skills. For example, a

EMS Related Regulations Amended to Register 163

physician or a mobile intensive care paramedic, working with a basic life-support emergency medical service, is not precluded from using his or her skills when authorized by law.

(b) Nothing in 7 AAC [26.210](#) - 7 AAC [26.290](#) prohibits an uncertified person from responding to a medical emergency when no certified personnel or services are present or available, or when there are too many victims for available certified personnel to treat. (History: Eff. 3/3/83, Register 85)

Authority: [AS 18.08.080](#)

7 AAC 26.285. MUTUAL AID AGREEMENTS. A state-certified emergency medical service may establish a mutual aid agreement with another state-certified emergency medical service or services, by written agreements signed by the officers in charge of the services, and in accordance with a municipal or borough ordinance or resolution if the service is funded by local tax money. (History: Eff. 10/23/92, Register 124)

Authority: [AS 18.08.010](#) [AS 18.08.080](#)

7 AAC 26.290. DEFINITIONS.

Repealed 10/23/92.

ARTICLE 3: MEDEVAC SERVICES, CRITICAL CARE AIR AMBULANCE SERVICES, AND SPECIALTY AEROMEDICAL TRANSPORT TEAMS OUTSIDE HOSPITALS

Section

- 310. Purpose.
- 320. Application for certification.
- 330. Qualifications for certification.
- 340. (Repealed).
- 350. Reporting requirements.
- 360. Term of initial certification.
- 370. Recertification.
- 380. Grounds for suspension, revocation, or refusal to issue a certificate.
- 390. Actions not prohibited.
- 400. (Repealed).

7 AAC 26.310. PURPOSE. The purpose of 7 AAC [26.310](#) - 7 AAC [26.400](#) is to promote the health and safety of the people of Alaska by establishing uniform minimum standards for certification of air medevac services, critical care air ambulance services, and specialty aeromedical transport teams. It is not the intent of 7 AAC [26.310](#) - 7 AAC [26.400](#) to prohibit transportation of emergency medical patients via any private aircraft, air taxi service, commercial airline, or government aircraft when it is in the best interests of the patient and no certified

EMS Related Regulations Amended to Register 163

service is available within a reasonable period of time as determined by the medical attendant with the patient. Rather, the intent is to prescribe minimum standards for air medevac services, air ambulance services, or specialty aero-medical transport teams that provide, offer, or advertise to provide emergency medical care that includes advanced life support services, and transportation, to sick or injured patients as a routine service, or to prescribe standards for basic life support services that choose to become certified. (History: Eff. 9/28/85, Register 95)

Authority: [AS 18.08.080](#) [AS 18.08.082](#) [AS 18.08.084](#)

7 AAC 26.320. APPLICATION FOR CERTIFICATION. (a) An applicant for certification as a medevac service, critical care air ambulance service, or specialty aeromedical transport team shall apply in writing to the department.

(b) The department will provide an application form to a person interested in certification under 7 AAC [26.310](#) - 7 AAC [26.400](#).

(c) Within 60 days after receipt of a completed application and required attachments, the department will issue a certificate to an applicant who satisfies the requirements of 7 AAC [26.330](#).

(d) A medevac service, critical care air ambulance service, or specialty aeromedical transport team that provides or offers or advertises to provide, on a routine basis, advanced life support aeromedical transportation of sick or injured patients on September 28, 1985 will have until December 31, 1985 to become certified. (History: Eff. 9/28/85, Register 95)

Authority: [AS 18.08.080](#) [AS 18.08.082](#) [AS 18.08.084](#)

7 AAC 26.330. QUALIFICATIONS FOR CERTIFICATION. (a) An applicant for certification as a medevac service, critical care air ambulance service, or specialty aeromedical transport team shall

(1) except for a military service, use an aircraft operator who meets the requirements of and complies with 14 C.F.R. sec. 91 or 135;

(2) have available aircraft with proper restraining devices for patients, litters, and equipment;

(3) be available to provide service 24 hours a day, seven days a week, except when flying conditions are unsafe or when the members of the service are busy responding to another medical emergency;

(4) list in advertisements the levels of certified or licensed medical personnel available for its service; and

(5) for a medevac service, have a medical director who agrees to accept the responsibilities set out in 7 AAC 26.6509(b), and shall submit written verification, on a

EMS Related Regulations Amended to Register 163

form provided by the department, that the medical director meets the applicable qualifications set out in 7 AAC [26.630](#);

(b) In addition to the requirements listed in (a) of this section, an applicant for certification as a medevac service shall

(1) be an air service, hospital, medical clinic, or a certified emergency medical service outside hospitals that will routinely transport patients on medevacs;

(2) have available certified or licensed medical personnel, to include emergency medical technicians, mobile intensive care paramedics, physician's assistants, nurse practitioners, registered nurses, or physicians, and assure the department that at least one of the certified or licensed medical personnel who has successfully completed department-approved medevac training, will be available to accompany each medevac patient; and

(3) have available appropriate medical equipment to perform emergency medical procedures within the skill levels of available certified or licensed medical personnel; the equipment must include the recommended equipment, supplies, and drugs, excluding the extrication equipment unless needed by the service, for the EMT-Ambulance, EMT-Intermediate, and those parts of the EMT-Paramedic for which the applicant has standing orders signed by the medical director, listed in "Essential Equipment for Ambulances", Aug. 1983 American College of Surgeons Bulletin, Vol. 68, No. 8.

(c) In addition to those requirements listed in (a) of this section, an applicant for certification as a critical care air ambulance service shall

(1) be able to routinely provide or offer to provide critical care air ambulance service;

(2) have available 24 hours a day, seven days a week, aircraft, containing the aircraft equipment and of the design recommended by the U.S. Department of Transportation, National Highway Traffic Safety Administration and the American Medical Association Commission on Emergency Medical Services in Air Ambulance Guidelines 1981, including a heating system, air-to-ground and air-to-air communications capability, interior lighting for patient care, pressurization, if available and required for patient care, and adequate space for proper patient care;

(3) have available licensed medical personnel, to include mobile intensive care paramedics, physician's assistants, registered nurses, critical care registered nurses, certified emergency nurses, nurse practitioners, or physicians, and assure the department that at least one of the licensed medical personnel, who has successfully completed department-approved aeromedical training, will be available to accompany each seriously or critically ill or injured patient on air ambulance transports;

EMS Related Regulations Amended to Register 163

(4) have a medical director who agrees to accept the responsibilities set out in 7 AAC [26.650\(b\)](#) , and shall submit written verification, on a form provided by the department, that the medical director meets the applicable qualifications set out in 7 AAC [26.630](#);

(5) have written procedures for handling all categories of patients who will be provided transportation; and

(6) have available, for all categories of patients being transported, appropriate medical equipment that must include the recommended equipment, supplies, and drugs listed in "Appendix D to Hospital Resources Document, Air Ambulance Operations", Section B, Oct. 1984, American College of Surgeons Bulletin, Vol. 69, No. 10, and medications or equipment for other missions as required by the medical director.

(d) In addition to those requirements listed in (a) of this section, an applicant for certification as a specialty aeromedical transport team shall

(1) be a specialty aeromedical transport team that routinely transports a special category of patients by air;

(2) have available licensed medical personnel, to include mobile intensive care paramedics, physician's assistants, nurse practitioners, registered nurses, critical care registered nurses, certified emergency nurses, or physicians, who have had training in the medical specialty for which the specialty aeromedical transport team is to be certified, and assure the department that at least one of the licensed medical personnel, who has successfully completed department-approved aeromedical training, will be available to accompany each patient being transported;

(3) have a medical director who agrees to accept the responsibilities set out in 7 AAC [26.650\(b\)](#) , and shall submit written verification, on a form provided by the department, that the medical director meets the applicable qualifications set out in 7 AAC [26.630](#);

(4) have written procedures for handling all categories of patients who will be provided transportation; and

(5) have available appropriate medical equipment, which must be department approved, for the special category of patients being routinely transported.

(e) Only equipment needed for each individual patient is required to be on the aircraft at any given time.

(f) Equipment must have been tested in the airborne environment to determine if it works as designed at high altitudes, and does not interfere with aircraft operations.

EMS Related Regulations Amended to Register 163

(g) In its discretion, the department will allow revisions to the equipment lists for each category of certified service, based on documented medical or transportation factors. (History: Eff. 9/28/85, Register 95; am 10/23/92, Register 124)

Authority: [AS 18.08.080](#) [AS 18.08.082](#) [AS 18.08.084](#)

7 AAC 26.340. DUTIES OF SPONSORING PHYSICIAN OR PHYSICIAN MEDICAL DIRECTOR.

Repealed 10/23/92.

7 AAC 26.350. REPORTING REQUIREMENTS. (a) A certified medevac service, critical care air ambulance service, or specialty aeromedical transport team shall complete a department-approved inflight patient care form for each patient transported. On the patient care form the service or team shall document vital signs and medical treatment given the patient, the air carrier used, and other necessary information required by the department.

(b) The certified service shall ensure that a copy of the completed inflight patient care form

(1) accompanies the patient to the facility to which the patient is being transported;

(2) is sent to the medical director of the medevac service, critical care air ambulance service, or specialty aeromedical transport team; and

(3) is kept on file for at least five years by the certified service. (History: Eff. 9/28/85, Register 95; am 10/23/92, Register 124)

Authority: [AS 18.08.080](#) [AS 18.08.082](#) [AS 18.08.084](#)

7 AAC 26.360. TERM OF INITIAL CERTIFICATION. An initial certification expires on December 31 of the second year following the year it was issued. (History: Eff. 9/28/85, Register 95)

Authority: [AS 18.08.080](#) [AS 18.08.082](#) [AS 18.08.084](#)

7 AAC 26.370. RECERTIFICATION. (a) To renew a certification, an applicant shall

(1) complete and submit an application on a form provided by the department;

(2) show that the medevac service, critical care air ambulance service, or specialty aeromedical transport team continues to meet the appropriate requirements listed in 7 AAC [26.330](#) and 7 AAC [26.340](#); and

EMS Related Regulations Amended to Register 163

(3) show evidence that all medical attendants employed or used on the medevac service, critical care air ambulance service, or specialty aeromedical transport team have current certificates or licenses, as well as have at least 16 hours per certification period of continuing medical education in specialized aeromedical patient transportation topics.

(b) A recertification is valid for two years, and may be renewed under (a) of this section. (History: Eff. 9/28/85, Register 95)

Authority: [AS 18.08.080](#) [AS 18.08.082](#) [AS 18.08.084](#)

7 AAC 26.380. GROUNDS FOR SUSPENSION, REVOCATION, OR REFUSAL TO ISSUE A CERTIFICATE. The department, after compliance with the Administrative Procedure Act (AS 44.62), will, in its discretion, suspend, revoke, or refuse to issue a certificate for

(1) fraud or deceit in obtaining a certificate under 7 AAC [26.330](#);

(2) misconduct or malpractice in providing patient care by personnel of the medevac service, critical care air ambulance service, or specialty aeromedical transport team;

(3) no available medical director of the medevac service, critical care air ambulance service, or specialty aeromedical transport team;

(4) failure to have available appropriate medical equipment for the respective certification requirements of the medevac service, critical care air ambulance service, or specialty aeromedical transport team;

(5) except for a military service, failure of the aircraft operator to comply, in all operations, with 14 C.F.R. 91 or 135;

(6) failure of the critical care air ambulance service to have appropriate aircraft as described in 7 AAC [26.330\(c\)](#) (2); and

(7) failure to have enough certified or licensed personnel to provide service 24 hours a day, seven days a week, except as provided in 7 AAC [26.330\(a\)](#) (3). (History: Eff. 9/28/85, Register 95; am 10/23/92, Register 124)

Authority: [AS 18.08.080](#) [AS 18.08.082](#) [AS 18.08.084](#)

Editor's note: The federal regulations mentioned in 7 AAC [26.380\(5\)](#) are available for review in the emergency medical services section, Department of Health and Social Services, Room 517, Alaska Office Building, 4th and Main Streets, Juneau, Alaska.

7 AAC 26.390. ACTIONS NOT PROHIBITED. (a) Notwithstanding 7 AAC [26.310](#) - 7 AAC [26.400](#), an uncertified private aircraft, air taxi service, commercial airline, or government aircraft

EMS Related Regulations Amended to Register 163

may transport an emergency patient or a medical escort and medical equipment, or both, if no certified service is available within a reasonable period of time.

(b) Notwithstanding 7 AAC [26.310](#) - 7 AAC [26.400](#), an uncertified person may respond to a medical emergency and transport patients when no certified personnel or services are present or available, or when there are too many victims for available certified personnel or services to treat and transport. (History: Eff. 9/28/85, Register 95)

Authority: [AS 18.08.080](#) [AS 18.08.082](#) [AS 18.08.084](#)

7 AAC 26.400. DEFINITIONS.

Repealed 10/23/92.

ARTICLE 4: EMERGENCY TRAUMA TECHNICIAN INSTRUCTORS AND APPROVED EMERGENCY TRAUMA TECHNICIAN TRAINING COURSES

Section

- 410. Purpose.
- 420. Application for certification.
- 430. Qualifications for certification.
- 440. Scope of certified activities.
- 450. Approved training courses.
- 460. Administration of examinations.
- 470. Term of certification.
- 475. Recertification.
- 480. Lapse of certification.
- 485. Persons practicing as emergency trauma technician instructors before March 31, 1987.
- 490. (Repealed).

7 AAC 26.410. PURPOSE. 7 AAC [26.410](#) - 7 AAC [26.490](#) establish uniform minimum standards for emergency trauma technician (ETT) instructors, emergency trauma technician instructor training programs, and emergency trauma technician training courses. (History: Eff. 1/30/87, Register 101)

Authority: [AS 18.08.080](#) [AS 18.08.082](#) [AS 18.08.084](#)

7 AAC 26.420. APPLICATION FOR CERTIFICATION. (a) A person who wishes to apply for a certificate as an ETT instructor shall apply in writing to the department on a form provided by the department.

(b) The department may require an applicant to obtain criminal and driving records from one or more federal or state agencies at the applicant's own cost.

EMS Related Regulations Amended to Register 163

(c) The department will issue a certificate if an applicant meets the requirements of 7 AAC [26.430](#). (History: Eff. 1/30/87, Register 101; am 6/23/2001, Register 158)

Authority: [AS 18.08.080](#)

[AS 18.08.082](#)

[AS 18.08.084](#)

7 AAC 26.430. QUALIFICATIONS FOR CERTIFICATION. (a) A person applying for certification as an ETT instructor must

- (1) be 18 years of age or older;
- (2) provide evidence of at least one of the following valid credentials:
 - (A) an ETT card;
 - (B) an EMT-I, EMT-II, or EMT-III certification from the department;
 - (C) a First Responder, EMT-Basic, EMT-Intermediate, or EMT-Paramedic certification from the National Registry of Emergency Medical Technicians;
 - (D) authorization to practice in the state as a physician, physician assistant, or mobile intensive care paramedic under [AS 08.64](#) or as a registered nurse under AS 08.68;
- (3) provide evidence of at least one year of experience as an ETT, First Responder, EMT, or EMT-Paramedic, as applicable;
- (4) provide evidence of a valid CPR credential;
- (5) provide evidence of successful completion of
 - (A) a department-approved ETT instructor training program; or
 - (B) an instructor training program that the department determines meets or exceeds the objectives of the United States Department of Transportation, National Highway Traffic Safety Administration's EMS Instructor Training Program: National Standard Curriculum, adopted by reference in 7 AAC [26.030\(d\)](#) (3)(B);
- (6) complete the written examination for ETT instructor with a score of at least 90 percent within two attempts made within the year before the date of application; and
- (7) submit, on a form provided by the department, verification by a department-approved EMT instructor or ETT instructor that the person has, within the year before the date of application, successfully demonstrated competence in airway management,

EMS Related Regulations Amended to Register 163

emergency patient assessment, bleeding control and shock management, splinting, and spinal immobilization.

(b) An applicant for certification may not have a history that includes one or more of the grounds for denial of certification set out

(1) in 7 AAC [26.950\(a\)](#) ; or

(2) in 7 AAC [26.950\(b\)](#) and (c) unless the department's consideration of one or more of the factors in 7 AAC [26.950\(f\)](#) (1) - (5) results in a finding that issuance of the certificate is appropriate. (History: Eff. 1/30/87, Register 101; am 6/23/2001, Register 158; am 8/16/2002, Register 163)

Authority: [AS 18.08.080](#)

[AS 18.08.082](#)

[AS 18.08.084](#)

Editor's note: The United States Department of Transportation, National Highway Traffic Safety Administration's EMS Instructor Training Program: National Standard Curriculum, referred to in 7 AAC [26.430](#) and adopted by reference in 7 AAC [26.030\(d\)](#) (3)(B), is available for a fee from the Section of Community Health and Emergency Medical Services, Division of Public Health, Department of Health and Social Services, P.O. Box 110616, Juneau, Alaska 99811-0616, and may be viewed at that office. The document may also be obtained from the National Highway Traffic Safety Administration, EMS Division, 400 Seventh Street, SW (NTS14), Washington, D.C. 20590 or at <http://www.nhtsa.dot.gov/people/injury/ems>.

7 AAC 26.440. SCOPE OF CERTIFIED ACTIVITIES. A certified ETT instructor may teach emergency trauma technicians to perform those basic life support emergency care skills outlined in the goals and objectives of the Emergency Trauma Technician Instructor's Guide. (History: Eff. 1/30/87, Register 101)

Authority: [AS 18.08.080](#)

[AS 18.08.082](#)

[AS 18.08.084](#)

7 AAC 26.450. APPROVED TRAINING COURSES. (a) An organization applying for approval of a course leading to ETT instructor certification must

(1) 60 days or more before the first day of the course, notify the department of the course dates and proposed schedule;

(2) propose a curriculum, acceptable to the department, which includes methods of instruction and is designed to adequately familiarize students with the instruction of those basic life support emergency care skills outlined in the goals and objectives of the Emergency Trauma Technician Instructor's Guide;

(3) propose a minimum of 24 hours of instruction;

(4) propose use of an instructor approved by the department;

EMS Related Regulations Amended to Register 163

(5) include in its proposal objective criteria for determining whether a student has successfully completed the course; the criteria must be adequate to ensure that students are familiar with both teaching methodology and the course content of the emergency trauma technician training program; and

(6) propose that enrollment in the instructor training program be limited to persons who obtain at least a 90 percent score on the emergency medical technician examination, in no more than two attempts, in the 12 months preceding the first day of the class.

(b) A person applying for approval of an emergency trauma technician training course must

(1) 14 days or more before the first day of the course, notify the department of the course dates and proposed schedule;

(2) propose a curriculum acceptable to the department;

(3) provide evidence of current certification by the department as an ETT instructor; and

(4) propose a minimum of 40 hours of instruction.

(c) Within 14 days following completion of emergency trauma technician examinations, the instructor of a course approved under (b) of this section shall submit to the department or its designee a class roster that includes student grades for both the written and practical examinations.

(d) Approved ETT instructors are encouraged to use physicians, mid-level practitioners, nurses, and other subject matter experts as instructors in a department-approved emergency trauma technician training course. (History: Eff. 1/30/87, Register 101; am 8/16/2002, Register 163)

Authority: [AS 18.08.080](#) [AS 18.08.082](#) [AS 18.08.084](#)

7 AAC 26.460. ADMINISTRATION OF EXAMINATIONS. The department is the official testing agency for ETT instructor training programs and will develop a security system for administering the necessary examinations. (History: Eff. 1/30/87, Register 101)

Authority: [AS 18.08.080](#) [AS 18.08.082](#) [AS 18.08.084](#)

7 AAC 26.470. TERM OF CERTIFICATION. (a) An initial certification for an ETT instructor issued before July 1 expires on December 31 of the following year.

(b) An initial certification for an ETT instructor issued after June 30 expires on December 31 of the second year following the year of issuance. (History: Eff. 1/30/87, Register 101)

EMS Related Regulations Amended to Register 163

Authority: [AS 18.08.080](#)

[AS 18.08.082](#)

[AS 18.08.084](#)

7 AAC 26.475. RECERTIFICATION. (a) An ETT instructor who wishes to apply for recertification must, not more than 90 days before or 12 months following expiration of his or her certification,

(1) apply for recertification on a form provided by the department;

(2) provide evidence of current state certification as an emergency medical technician I, II, or III, current state licensure as a mobile intensive care paramedic, current registration as a paramedic by the National Registry of Emergency Medical Technicians, or licensure in Alaska as a registered nurse, midlevel practitioner, or physician; and

(3) provide a letter of recommendation from a state-approved emergency medical service training agency confirming that the applicant has been the primary instructor for at least one emergency trauma technician course, or department-approved emergency medical technician-I course, within the preceding two years.

(b) A recertification expires on December 31 of the second year following the expiration of the previous certificate, regardless of the date of the issuance of the recertification. (History: Eff. 1/30/87, Register 101)

Authority: [AS 18.08.080](#)

[AS 18.08.082](#)

[AS 18.08.084](#)

7 AAC 26.480. LAPSE OF CERTIFICATION. A person who fails to apply for recertification within the 12 months following expiration of his or her ETT instructor certification must retake the ETT instructor training course and otherwise qualify under 7 AAC [26.430](#) before being recertified. (History: Eff. 1/30/87, Register 101)

Authority: [AS 18.08.080](#)

[AS 18.08.082](#)

[AS 18.08.084](#)

7 AAC 26.485. PERSONS PRACTICING AS EMERGENCY TRAUMA TECHNICIAN INSTRUCTORS BEFORE MARCH 31, 1987. (a) The department will issue an ETT instructor certificate to a person who applies for certification before March 31, 1987 and who has:

(1) taught at least one emergency trauma technician course approved by the Alaska Public Safety Academy or by a state-approved emergency medical service training agency;

(2) passed a department-approved ETT instructor course or emergency medical technician instructor course within the two years preceding application.

(b) The initial certification for an ETT instructor certified under (a) of this section expires December 31, 1988.

EMS Related Regulations Amended to Register 163

(c) Recertification may be obtained under 7 AAC [26.475](#). (History: Eff. 1/30/87, Register 101)

Authority: [AS 18.08.080](#)

[AS 18.08.082](#)

[AS 18.08.084](#)

7 AAC 26.490. DEFINITIONS.

Repealed 10/23/92.

ARTICLE 5: MANUAL DEFIBRILLATOR TECHNICIANS AND APPROVED TRAINING COURSES

Section

510. Purpose.

520. Application for certification.

530. Qualifications for certification.

540. Scope of certified activities.

550. Approved training courses.

555. Medical director responsibilities.

560. Examinations for initial certification.

565. Term of certification.

570. Recertification.

575. Examination for recertification.

580. Recertification examination failure; lapse of certification.

585. Approved automated external defibrillation training programs.

590. (Repealed).

7 AAC 26.510. PURPOSE. The purpose of 7 AAC [26.510](#) - 7 AAC [26.585](#) is to promote the health and safety of the people of this state by establishing uniform minimum standards for emergency medical technicians using manual defibrillators, and manual defibrillator technician-instructors. (History: Eff. 1/30/87, Register 101; am 7/4/99, Register 151)

Authority: [AS 18.08.080](#)

[AS 18.08.082](#)

[AS 18.08.084](#)

7 AAC 26.520. APPLICATION FOR CERTIFICATION. (a) A person who wishes to apply for certification as a manual defibrillator technician shall apply in writing to the department on a form obtained from the department.

(b) The application form will request the person's name, age, mailing and geographical addresses, if different, evidence that the person meets the requirements of 7 AAC [26.530](#), and other information the department considers necessary.

(c) The department will issue a certificate if the applicant meets the requirements of 7 AAC [26.530](#) for the certification applied for. (History: Eff. 1/30/87, Register 101; am 7/4/99, Register 151)

EMS Related Regulations Amended to Register 163

Authority: [AS 18.08.080](#)

[AS 18.08.082](#)

[AS 18.08.084](#)

7 AAC 26.530. QUALIFICATIONS FOR CERTIFICATION. A person applying for certification as a manual defibrillator technician must

- (1) provide evidence of current state certification as an EMT;
- (2) provide evidence of a valid CPR credential;
- (3) repealed 5/22/96;
- (4) repealed 5/22/96;
- (5) have successfully completed a department-approved manual defibrillator technician training course;
- (6) have passed, within 12 months after completing the training course, a written and practical examination approved by the department for manual defibrillator technicians; and
- (7) have written approval from a medical director for the organized emergency medical service of which the applicant is a member. (History: Eff. 1/30/87, Register 101; am 10/23/92, Register 124; am 5/22/96, Register 138; am 7/4/99, Register 151; am 8/16/2002, Register 163)

Authority: [AS 18.08.080](#)

[AS 18.08.082](#)

[AS 18.08.084](#)

7 AAC 26.540. SCOPE OF CERTIFIED ACTIVITIES. (a) A person who is state-certified as an EMT-D may, under the direct or indirect supervision of a physician, use a manual defibrillator to defibrillate a patient in cardiac arrest.

(b) Repealed 7/4/99. (History: Eff. 1/30/87, Register 101; am 7/4/99, Register 151)

Authority: [AS 18.08.080](#)

[AS 18.08.082](#)

[AS 18.08.084](#)

7 AAC 26.550. APPROVED TRAINING COURSES. An organization applying for course approval for training an emergency medical technician (EMT) to use a manual defibrillator must:

- (1) show that it has appropriate training equipment;
- (2) have a medical director who agrees to fulfill the responsibilities outlined in 7 AAC [26.660](#);
- (3) propose a curriculum that incorporates behavioral objectives related to the safe and proper use of the defibrillator, including principles of defibrillation and placement of electrodes and defibrillator pads, and that includes

EMS Related Regulations Amended to Register 163

- (A) an overview of cardiac anatomy and physiology;
 - (B) teaching the student to properly attach self-adhesive monitor/defibrillator pads and monitor cables to the patient;
 - (C) an overview of the principles of defibrillation;
 - (D) information related to defibrillator safety precautions, to enable the student to administer a countershock without jeopardizing the safety of the patient and rescuers;
 - (E) dysrhythmia recognition, including the basics of rhythm analysis; and
 - (F) the recognition and appropriate response to electrical artifact;
- (4) plan a minimum of 16 hours of instruction; and
- (5) use a certified EMT-III instructor as the primary instructor of the course. (History: Eff. 1/30/87, Register 101; am 10/23/92, Register 124; am 5/22/96, Register 138; am 7/4/99, Register 151)

Authority: [AS 18.08.080](#) [AS 18.08.082](#) [AS 18.08.084](#)

7 AAC 26.555. MEDICAL DIRECTOR RESPONSIBILITIES. The medical director for a state-certified emergency medical service using a manual defibrillator technician must meet the qualifications set out in 7 AAC [26.630\(b\)](#) and must perform the duties of a medical director as set out in 7 AAC [26.640\(c\)](#) and 7 AAC [26.650\(a\)](#) . (History: Eff. 1/30/87, Register 101; am 10/23/92, Register 124; am 7/4/99, Register 151)

Authority: [AS 18.08.080](#) [AS 18.08.082](#) [AS 18.08.084](#)

7 AAC 26.560. EXAMINATIONS FOR INITIAL CERTIFICATION. (a) Repealed 7/4/99.

(b) The examination administered to an applicant for manual defibrillator technician certification must be a department-approved examination that tests the knowledge and skills necessary to apply defibrillator pads or electrodes, identify artifact, identify ventricular fibrillation, safely and properly defibrillate ventricular fibrillation, and document pertinent events during a cardiac arrest situation.

(c) Administration of the examination may be performed by the manual defibrillator technician training course instructor. (History: Eff. 1/30/87, Register 101; am 7/4/99, Register 151)

Authority: [AS 18.08.080](#) [AS 18.08.082](#) [AS 18.08.084](#)

EMS Related Regulations Amended to Register 163

7 AAC 26.565. TERM OF CERTIFICATION. (a) An initial certificate issued before July 1 expires on December 31 of the following year.

(b) An initial certificate issued after June 30 expires on December 31 of the second year following issuance.

(c) A recertification expires on December 31 of the second year following the expiration of the previous certificate, regardless of the date of issuance of the recertification. (History: Eff. 1/30/87, Register 101)

Authority: [AS 18.08.080](#) [AS 18.08.082](#) [AS 18.08.084](#)

7 AAC 26.570. RECERTIFICATION. To obtain recertification, a manual defibrillator technician must, not more than 90 days before or six months after expiration of the person's defibrillator technician certification,

(1) apply for recertification;

(2) provide evidence of current state certification as an EMT;

(3) provide evidence of a valid CPR credential;

(4) repealed 5/22/96;

(5) provide written approval from the medical director for the organized emergency medical service of which the applicant is a member; and

(6) pass the appropriate recertification written and practical examination administered by the department. (History: Eff. 1/30/87, Register 101; am 10/23/92, Register 124; am 5/22/96, Register 138; am 7/4/99, Register 151; am 8/16/2002, Register 163)

Authority: [AS 18.08.080](#) [AS 18.08.082](#) [AS 18.08.084](#)

7 AAC 26.575. EXAMINATION FOR RECERTIFICATION. The manual defibrillator technician recertification examination consists of the manual defibrillator examination used for initial certification in use at the time of recertification testing. (History: Eff. 1/30/87, Register 101; am 7/4/99, Register 151)

Authority: [AS 18.08.080](#) [AS 18.08.082](#) [AS 18.08.084](#)

7 AAC 26.580. RECERTIFICATION EXAMINATION FAILURE; LAPSE OF CERTIFICATION. If a person fails to pass the manual defibrillator technician recertification examination on the first attempt, or fails to take the examination within six months after the expiration of the person's certification, the person must

EMS Related Regulations Amended to Register 163

(1) retake and successfully complete a training course described in 7 AAC [26.530\(5\)](#) ;

(2) retake and pass the examination described in 7 AAC [26.530\(6\)](#) ; and

(3) apply as for initial certification under 7 AAC [26.520](#). (History: Eff. 1/30/87, Register 101; am 7/4/99, Register 151)

Authority: [AS 18.08.080](#)

[AS 18.08.082](#)

[AS 18.08.084](#)

7 AAC 26.585. APPROVED AUTOMATED EXTERNAL DEFIBRILLATION TRAINING PROGRAMS. (a) A person other than the American Heart Association or the American Red Cross must obtain department approval in order to conduct an automated external defibrillation (AED) training program. An applicant for approval to conduct an AED training program must provide evidence of compliance with (b) of this section.

(b) An AED training program must

(1) require that students entering the AED training program

(A) have successfully completed adult CPR training within two years before the date of the AED training program; or

(B) successfully complete adult CPR training that is provided within the AED training program;

(2) use instructors who are currently certified or approved as AED instructors by

(A) the American Heart Association;

(B) the American Red Cross; or

(C) another organization, if the department determines that instructors certified by that organization are able to teach effectively the safe and proper use of an automated external defibrillator and the skills listed in (5) of this subsection, that those instructors are knowledgeable about available AED protocols and curricula, and that those instructors have a basic understanding of adult learning;

(3) provide eligible students with evidence of successful program completion, through a card, certificate, or other means; that evidence must include the program completion date, evidence of course content, and an expiration date or recommended renewal date that is no more than two years from the date of initial training;

(4) use a curriculum approved by the department to teach the safe and proper use of an automated external defibrillator; and

EMS Related Regulations Amended to Register 163

(5) require each student to demonstrate, using either an actual automated external defibrillator or an AED simulator, the ability to apply the defibrillator pads, operate the automated external defibrillator, treat a patient requiring the delivery of a defibrillatory shock, manage a patient in a non-shockable rhythm, and manage a patient who is defibrillated and regains a pulse.

(c) An applicant with department approval to conduct an AED training program may continue to conduct that program if the applicant

(1) maintains compliance with (b) of this section; and

(2) submits to the department written biennial confirmation of compliance with (b) of this section, providing evidence that the department considers necessary to verify the applicant's submission. (History: Eff. 7/4/99, Register 151)

Authority: [AS 09.65.090](#) [AS 18.08.080](#) [AS 18.08.082](#) [AS 18.08.084](#)

Editor's note: Information on automated external defibrillation training programs conducted by the American Heart Association or the American Red Cross, referenced in 7 AAC [26.585](#), is available by writing those organizations at the following addresses: American Heart Association, Alaska Affiliate, 1057 West Fireweed Lane, Suite 206, Anchorage, Alaska 99503; American Red Cross, South Central Alaska Chapter, 235 East 8th Avenue, Suite 200, Anchorage, Alaska 99501.

7 AAC 26.590. DEFINITIONS.

Repealed 10/23/92.

ARTICLE 6: MEDICAL DIRECTORS

Section

610. Purpose.

620. State EMS medical director.

630. Medical director qualifications.

640. Medical director responsibilities: certified persons.

650. Medical director responsibilities: certified organizations.

655. Emergency medical dispatcher medical director.

660. Medical director responsibilities: training courses.

662. Medical directors of mobile intensive care paramedic (MICP) training courses.

670. Approval of additional medications and procedures.

680. Delegation of certain medical director responsibilities.

690. Withdrawal of directorship.

EMS Related Regulations Amended to Register 163

7 AAC 26.610. PURPOSE. The purpose of 7 AAC [26.610](#) - 7 AAC [26.690](#) is to promote the health and safety of the people of Alaska by establishing uniform minimum standards for a medical director for a person or entity certified, or seeking certification, under this chapter. Nothing in 7 AAC [26.610](#) - 7 AAC [26.690](#) is intended to prohibit a physician from authorizing a state-certified emergency medical technician to use a drug or procedure in an emergency situation that is not specifically covered by the EMT-I, EMT-II, or EMT-III certification. (History: Eff. 10/23/92, Register 124)

Authority: [AS 18.08.080](#)

[AS 18.08.082](#)

[AS 18.08.084](#)

7 AAC 26.620. STATE EMS MEDICAL DIRECTOR. The department will designate a state EMS medical director, who is responsible for the development, implementation, and evaluation of standards and guidelines for the provision of medical direction within the state's EMS system. (History: Eff. 10/23/92, Register 124)

Authority: [AS 18.08.010](#)

[AS 18.08.080](#)

7 AAC 26.630. MEDICAL DIRECTOR QUALIFICATIONS. (a) To be a medical director for a state-certified manual defibrillator technician EMT-II, or EMT-III, for an EMT-II or EMT-III training course or manual defibrillator technician training program, or for a state-certified basic life support emergency medical service, advanced life support emergency medical service, or aeromedical service, a person must

(1) be currently

(A) licensed to practice medicine in this state, or, for an aeromedical service, in this state or the state in which the service is based; or

(B) working as a physician in the regular medical service of the United States armed services or the United States Public Health Service; and

(2) participate in an orientation provided by the department or its designee, within one year after accepting medical director responsibilities.

(b) To be a medical director for a state-certified EMT-III or manual defibrillator technician, a person must be trained by the American Heart Association in advanced cardiac life support.

(c) To be a medical director for a state-certified medevac service (7 AAC [26.310](#) - 7 AAC [26.390](#)), a person must have 16 hours of department-approved medevac training.

(d) To be a medical director for a state-certified critical care air ambulance service (7 AAC [26.310](#) - 7 AAC [26.390](#)), a person must have 16 hours of department-approved aeromedical training and must be either board-certified or board-eligible in, or have other department-approved credentials demonstrating competence in, critical care or aeromedicine.

EMS Related Regulations Amended to Register 163

(e) To be a medical director for a state-certified specialty aeromedical transport team (7 AAC [26.310](#) - 7 AAC [26.390](#)) , a person must have 16 hours of department-approved aeromedical training and must be board-certified or board-eligible in the medical specialty for which the aeromedical team is to be certified. (History: Eff. 10/23/92, Register 124; am 7/4/99, Register 151)

Authority: [AS 18.08.080](#)

[AS 18.08.082](#)

[AS 18.08.084](#)

7 AAC 26.640. MEDICAL DIRECTOR RESPONSIBILITIES: CERTIFIED PERSONS. (a) A medical director's approval of standing orders for a state-certified EMT-I, EMT-II, or EMT-III, for the activities described in 7 AAC [26.040](#) and 7 AAC [26.540](#), must be in writing. Additional medications or procedures not listed in 7 AAC [26.040](#) or 7 AAC [26.540](#) may be approved by direct voice contact with an on-line physician, or by written standing orders from the medical director in accordance with 7 AAC [26.670](#).

(b) The medical director for a state-certified EMT-I, EMT-II, or EMT-III shall

(1) provide direct or indirect supervision of the medical care provided by each state-certified EMT-I, EMT-II, or EMT-III;

(2) establish and annually review treatment protocols;

(3) approve medical standing orders that delineate the advanced life-support techniques that may be performed by each state-certified EMT-I, EMT-II, or EMT-III and the circumstances under which the techniques may be performed;

(4) provide quarterly critiques of patient care provided by the EMT-I, EMT-II, or EMT-III, and quarterly on-site supervisory visits; the department will, in its discretion, grant a written waiver of this requirement based on difficult geographic, transportation, or climatic factors; and

(5) approve a program of continuing medical education for each state-certified EMT supervised.

(c) The medical director for a state-certified manual defibrillator technician shall

(1) provide direct or indirect supervision of medical care provided by each state-certified manual defibrillator technician;

(2) approve medical standing orders that delineate the emergency care procedures that each state-certified manual defibrillator technician may perform and the circumstances under which these procedures may be performed;

(3) review each run in which a shock was delivered to a patient; and

EMS Related Regulations Amended to Register 163

(4) provide, or arrange for, at least quarterly training sessions that include practice sessions and assessment of each state-certified manual defibrillator technician's ability to perform in compliance with local protocol. (History: Eff. 10/23/92, Register 124; am 5/22/96, Register 138; am 7/4/99, Register 151)

Authority: [AS 18.08.080](#)

[AS 18.08.082](#)

[AS 18.08.084](#)

7 AAC 26.650. MEDICAL DIRECTOR RESPONSIBILITIES: CERTIFIED ORGANIZATIONS.

(a) The medical director for a state-certified basic life support or advanced life support emergency medical service under 7 AAC [26.210](#) - 7 AAC [26.285](#) shall

(1) approve treatment protocols or medical standing orders that delineate the medical procedures that may be performed by the certified or licensed medical care personnel;

(2) review, at least quarterly, the patient care provided by each certified or licensed medical person; the department will, in its discretion, grant a written waiver of this requirement, based on difficult geographic, transportation, or climatic factors;

(3) establish transportation/transfer arrangements in cooperation with emergency department physicians at the nearest appropriate referral hospitals: these arrangements shall specify the primary destination of all categories of emergency patients, including burns, central nervous system injuries, pediatric emergencies, high risk infants, behavioral emergencies, and cardiac emergencies;

(4) establish a written policy for how certified personnel are to deal with an intervener physician or the patient's private physician who wishes to assume responsibility for patient care at the scene or enroute to the hospital; and

(5) establish a written policy for how certified personnel are to deal with a cardiac arrest patient who was treated with an automated external defibrillator before the certified personnel's arrival.

(b) The medical director for a state-certified medevac service, critical care air ambulance service, or specialty aeromedical transport team (7 AAC [26.310](#) - 7 AAC [26.390](#)) shall

(1) approve treatment protocols or medical standing orders that delineate medical procedures that may be performed by the certified or licensed medical care personnel;

(2) review, at least quarterly, the patient care provided by each certified or licensed medical person; the department will, in its discretion, grant a written waiver of this requirement, based on difficult geographic, transportation, or climatic factors; and

(3) advise on the medical requirements of patient transportation in the airborne environment. (History: Eff. 10/23/92, Register 124; am 7/4/99, Register 151)

EMS Related Regulations Amended to Register 163

Authority: [AS 18.08.082](#)

[AS 18.08.084](#)

[AS 18.18.080](#)

7 AAC 26.655. EMERGENCY MEDICAL DISPATCHER MEDICAL DIRECTOR. (a) The medical director for emergency medical service dispatch services using emergency medical dispatchers (EMD's) shall

(1) approve an emergency medical dispatch priority reference system; the system must include caller interrogation questions, pre-arrival EMS instructions, and protocols matching the dispatcher's evaluation of severity of injury or illness and the number of victims with vehicle response modes and configurations;

(2) provide indirect supervision of medical triage decisions and treatment instructions provided by EMD's;

(3) periodically review on at least a monthly basis a sample of medical triage decisions and treatment instructions provided by EMD's to callers.

(b) The medical director of the emergency medical dispatcher services may be the medical director of an ambulance service dispatched by the same agency or business. (History: Eff. 4/7/96, Register 138)

Authority: [AS 18.08.080](#)

[AS 18.08.082](#)

[AS 18.08.084](#)

7 AAC 26.660. MEDICAL DIRECTOR RESPONSIBILITIES: TRAINING COURSES. (a) The medical director for a department-approved EMT-II or EMT-III training course shall

(1) be available in person or by telephone to answer specific questions arising during the training course;

(2) ensure that additional medications or procedures are taught and evaluated in compliance with current medical practice and guidelines; and

(3) assume responsibility for the techniques and procedures performed as part of the course, such as venipunctures, fluid infusion, and injection.

(b) The medical director may delegate to another physician or physicians the responsibility for conducting some of the training described in this section.

(c) The medical director assumes responsibility for the technical procedures performed as part of the course, but has no obligation to provide sponsorship to any student outside of the classroom setting or after the course is completed. (History: Eff. 10/23/92, Register 124)

Authority: [AS 18.08.080](#)

[AS 18.08.082](#) [AS 18.08.084](#)

EMS Related Regulations Amended to Register 163

7 AAC 26.662. MEDICAL DIRECTORS OF MOBILE INTENSIVE CARE PARAMEDIC (MICP) TRAINING COURSES. (a) A person may serve as the medical director of a MICP training course only if the person

(1) is licensed under [AS 08.64](#) to practice medicine in Alaska;

(2) holds a temporary permit as a physician applicant under [AS 08.64.270](#) ; or

(3) is authorized to practice medicine in this state under an exemption set out in [AS 08.64.370](#) (1) or 08.64.370(4).

(b) The medical director of a mobile intensive care paramedic training course is responsible for:

(1) reviewing all components of the MICP training course to ensure that instructional accuracy is maintained;

(2) assisting with the selection of course faculty in conjunction with the course coordinator;

(3) reviewing the progress of each student to ensure that instructional goals are being met and that demonstration of competence is occurring before the student is put into a patient care setting; and

(4) acting as liaison to hospitals and pre-hospital emergency medical services participating in the mobile intensive care paramedic training course. (History: Eff. 3/11/98, Register 145)

Authority: [AS 18.08.080](#)

[AS 18.08.082](#)

[AS 18.08.084](#)

7 AAC 26.670. APPROVAL OF ADDITIONAL MEDICATIONS AND PROCEDURES. (a) In order for a medical director to authorize a state-certified EMT-I, EMT-II, or EMT-III to use additional medications or procedures not covered under 7 AAC [26.040\(a\)](#) , (b), or (c), the medical director shall

(1) submit to the department a request for approval; the request must include a plan for training and evaluation covering the additional skills; and

(2) if the request is approved, following the training and evaluation, send the department a list of individuals who are authorized to use the additional medications or procedures.

(b) The department will maintain a list of the approved additional medications or procedures for an authorized EMT-I, EMT-II, or EMT-III. (History: Eff. 10/23/92, Register 124; am 5/22/96, Register 138)

EMS Related Regulations Amended to Register 163

Authority: [AS 18.08.080](#)

[AS 18.08.082](#)

[AS 18.08.084](#)

7 AAC 26.680. DELEGATION OF CERTAIN MEDICAL DIRECTOR RESPONSIBILITIES. If approved by the department, a medical director may delegate review of EMS reports under 7 AAC [26.245](#) or patient care forms under 7 AAC [26.350](#) to another physician, mobile intensive care paramedic, registered nurse, mid-level practitioner, or EMT with supervisory experience. The person acting as delegate shall send to the medical director copies of the EMS reports or patient care forms. (History: Eff. 10/23/92, Register 124)

Authority: [AS 18.08.080](#)

[AS 18.08.082](#)

[AS 18.08.084](#)

7 AAC 26.690. WITHDRAWAL OF DIRECTORSHIP. (a) If a medical director withdraws directorship, that person shall notify the department, and each person or entity certified under this chapter for whom the withdrawing person acted as medical director.

(b) If the medical director of a service or team certified under this chapter withdraws directorship, that service's or team's certificate is suspended until the service or team provides written verification, on a form provided by the department, that it has a medical director who meets the qualifications set out in 7 AAC [26.630](#). The service or team may continue to respond to emergencies, but, until the suspension is lifted, may not offer any advanced life support services.

(c) An EMT-I, EMT-II, EMT-III, or manual defibrillator technician who is without a medical director may perform only those basic life support procedures as defined in 7 AAC [26.999](#) that are within the scope of activities for a state-certified EMT-I. (History: Eff. 10/23/92, Register 124; am 5/22/96, Register 138; am 7/4/99, Register 151)

Authority: [AS 18.08.080](#)

[AS 18.08.082](#)

[AS 18.08.084](#)

ARTICLE 7: TRAUMA CENTERS AND TRAUMA REGISTRY

Section

710. Purpose.

715. Application for certification.

720. Qualifications for certification.

725. Term of initial certification.

730. Recertification.

735. Actions not prohibited.

740. Grounds for suspension, revocation, or conditioning a certificate.

742. Appeal of denial of certificate.

745. Trauma registry.

EMS Related Regulations Amended to Register 163

7 AAC 26.710. PURPOSE. The purpose of 7 AAC [26.710](#) - 7 AAC [26.745](#) is to promote the health and safety of the people of Alaska by setting minimum standards for hospitals or medical clinics to voluntarily meet criteria adopted by the department so that they may represent themselves as trauma centers. Nothing in 7 AAC [26.710](#) - 7 AAC [26.745](#) is intended to require a hospital, clinic, or other entity to be certified as a trauma center in order to treat patients with traumatic injuries. However, under [AS 18.08.084](#) (e), a hospital, clinic, or other entity not certified as a trauma center under [AS 18.08.082](#) , may not represent itself as a trauma center. (History: Eff. 4/7/96, Register 138)

Authority: [AS 18.08.010](#) [AS 18.08.080](#) [AS 18.08.082](#) [AS 18.08.084](#)

7 AAC 26.715. APPLICATION FOR CERTIFICATION. (a) An organization that wishes to apply for certification as a trauma center shall apply in writing to the department on a form obtained from the department.

(b) The application form will request the name of the organization and responsible official, the mailing address and, if different, the geographical address, evidence that the applicant meets the requirements of 7 AAC [26.720](#), and other information the department considers necessary to determine whether the applicant has met the qualifications for certification outlined in 7 AAC [26.720](#).

(c) A certificate as a trauma center will be issued by the department if the applicant meets the requirements of 7 AAC [26.720](#). (History: Eff. 4/7/96, Register 138)

Authority: [AS 18.08.010](#) [AS 18.08.080](#) [AS 18.08.082](#) [AS 18.08.084](#)

7 AAC 26.720. QUALIFICATIONS FOR CERTIFICATION. (a) An organization applying for certification as a level I trauma center or specialty trauma referral center must

(1) provide evidence that the organization has received a certificate of verification as a level I trauma center from the Committee on Trauma, American College of Surgeons; and

(2) participate in the statewide trauma registry administered by the department and provide data to the department as required under 7 AAC [26.745](#).

(b) An applicant for certification as a level II trauma center or regional trauma center must

(1) provide evidence that the organization has received a certificate of verification as a level II trauma center from the Committee on Trauma, American College of Surgeons; and

(2) participate in the statewide trauma registry administered by the department and provide data to the department as required under 7 AAC [26.745](#).

EMS Related Regulations Amended to Register 163

(c) An applicant for certification as a level III trauma center or area trauma center must

(1) provide evidence that the organization has received a certificate of verification as a level III trauma center by the Committee on Trauma, American College of Surgeons; and

(2) participate in the statewide trauma registry administered by the department and provide data to the department as required under 7 AAC [26.745](#).

(d) An applicant for certification as a level IV trauma center or local trauma stabilization center must

(1) provide evidence that the organization has met the criteria listed for level IV trauma centers by the Committee on Trauma, American College of Surgeons, in Resources for Optimal Care of the Injured Patient: 1993, Chapter 6, Hospital Criteria; Resources for Optimal Care of the Injured Patient: 1993, Chapter 6, Hospital Criteria, as amended from time to time, is adopted by reference;

(2) agree for the department to conduct a site visit to verify that relevant criteria have been met, if the department notifies the organization that a site visit is necessary; and

(3) participate in the statewide trauma registry administered by the department and provide data as required under 7 AAC [26.745](#), if the center is an acute care hospital.

(e) An applicant for certification as a level I or II trauma center with pediatric commitment shall provide evidence that the organization has received a certificate of verification for pediatric trauma care from the Committee on Trauma, American College of Surgeons. (History: Eff. 4/7/96, Register 138; am 11/8/98, Register 148)

Authority: [AS 18.08.010](#) [AS 18.08.080](#) [AS 18.08.082](#) [AS 18.08.084](#)

[AS 47.05.012](#)

Editor's note: Information about the criteria used by the Committee on Trauma, American College of Surgeons, referred to in 7 AAC [26.720](#), may be obtained from the Community Health and Emergency Medical Services Section, Division of Public Health, Department of Health and Social Services, P.O. Box 110616, Juneau, Alaska 99811-0616. Resources for Optimal Care of the Injured Patient: 1993 may be obtained from the American College of Surgeons, 633 North Saint Clair Street, Chicago, Illinois 60611-3211. Resources for Optimal Care of the Injured Patient: 1993 is available for inspection at the Department of Health and Social Services, Division of Public Health, Community Health and Emergency Medical Services Section, 410 Willoughby Avenue, Room 109, Juneau, Alaska 99811-0616.

EMS Related Regulations Amended to Register 163

7 AAC 26.725. TERM OF INITIAL CERTIFICATION. An initial certification expires on December 31 of the third year following the certification as a trauma center under 7 AAC [26.720](#) by the department. (History: Eff. 4/7/96, Register 138)

Authority: [AS 18.08.010](#) [AS 18.08.080](#) [AS 18.08.082](#) [AS 18.08.084](#)

7 AAC 26.730. RECERTIFICATION. (a) To renew a certification as a level I, level II, or level III trauma center, an applicant must

(1) provide evidence of reverification by the Committee on Trauma, American College of Surgeons;

(2) meet applicable requirements under 7 AAC [26.720](#); and

(3) complete and submit an application on a form provided by the department.

(b) To renew a certification as a level I or level II trauma center with a pediatric commitment, an applicant must

(1) provide evidence of reverification by the Committee on Trauma, American College of Surgeons;

(2) meet applicable requirements of 7 AAC [26.720](#); and

(3) complete and submit an application on a form provided by the department.

(c) To renew a certification as a level IV trauma center, the applicant must

(1) complete and submit an application on a form provided by the department;

(2) provide evidence that the applicant continues to meet the criteria listed for level IV trauma centers by the Committee on Trauma, American College of Surgeons, in Resources for Optimal Care of the Injured Patient: 1993, Chapter 6, Hospital Criteria; Resources for Optimal Care of the Injured Patient: 1993, Chapter 6, Hospital Criteria, as amended from time to time, is adopted by reference; and

(3) agree for the department to conduct a site visit to verify that relevant criteria have been met, if the department notifies the organization that a site visit is necessary.

(d) A recertification is valid for three years, and is subject to renewal under (a), (b), or (c) of this section. (History: Eff. 4/7/96, Register 138; am 11/8/98, Register 148)

Authority: [AS 18.08.010](#) [AS 18.08.080](#) [AS 18.08.082](#) [AS 18.08.084](#)

[AS 47.05.012](#)

EMS Related Regulations Amended to Register 163

Editor's note: Resources for Optimal Care of the Injured Patient: 1993 may be obtained from the American College of Surgeons, 633 North Saint Clair Street, Chicago, Illinois 60611-3211. Resources for Optimal Care of the Injured Patient: 1993 is available for inspection at the Department of Health and Social Services, Division of Public Health, Community Health and Emergency Medical Services Section, 410 Willoughby Avenue, Room 109, Juneau, Alaska 99811-0616.

7 AAC 26.735. ACTIONS NOT PROHIBITED. Nothing in 7 AAC [26.710](#) - 7 AAC [26.745](#) prohibits a hospital, clinic, or other entity from treating a person with traumatic injuries even if the hospital, clinic, or other entity is not certified as a trauma center under this chapter so long as the hospital, clinic, or other entity may lawfully provide treatment in this state. (History: Eff. 4/7/96, Register 138)

Authority: [AS 18.08.010](#) [AS 18.08.080](#) [AS 18.08.082](#) [AS 18.08.084](#)

7 AAC 26.740. GROUNDS FOR SUSPENSION, REVOCATION, OR CONDITIONING A CERTIFICATE. After compliance with the Administrative Procedure Act (AS 44.62), the department will, in its discretion, suspend, revoke, or condition a certificate issued under 7 AAC [26.720](#) or 7 AAC [26.730](#) for any of the following reasons:

- (1) fraud or deceit in obtaining a certificate;
- (2) gross misconduct by personnel employed by or on contract with the trauma center;
- (3) failure to maintain appropriate staffing or equipment, or otherwise failing to continue meeting the criteria listed, if applicable, in Resources for Optimal Care of the Injured Patient: 1993, Chapters 6 and 11; Resources for Optimal Care of the Injured Patient: 1993, Chapters 6 and 11, as amended from time to time, is adopted by reference; or
- (4) failure to comply with state law, including 7 AAC [26.710](#) - 7 AAC [26.745](#). (History: Eff. 4/7/96, Register 138; am 11/8/98, Register 148)

Authority: [AS 18.08.010](#) [AS 18.08.080](#) [AS 18.08.082](#) [AS 18.08.084](#)

[AS 47.05.012](#)

Editor's note: Resources for Optimal Care of the Injured Patient: 1993 may be obtained from the American College of Surgeons, 633 North Saint Clair Street, Chicago, Illinois 60611-3211. Resources for Optimal Care of the Injured Patient: 1993 is available for inspection at the Department of Health and Social Services, Division of Public Health, Community Health and Emergency Medical Services Section, 410 Willoughby Avenue, Room 109, Juneau, Alaska 99811-0616.

EMS Related Regulations Amended to Register 163

7 AAC 26.742. APPEAL OF DENIAL OF CERTIFICATE. An applicant that is denied an initial certification under 7 AAC [26.720](#) or recertification under 7 AAC [26.730](#) may file an appeal under [AS 44.62](#) (Administrative Procedure Act). (History: Eff. 4/7/96, Register 138)

Authority: [AS 18.08.010](#) [AS 18.08.080](#) [AS 18.08.082](#) [AS 18.08.084](#)

7 AAC 26.745. TRAUMA REGISTRY. (a) The department will establish a trauma registry review committee in accordance with [AS 18.23.070](#) (5)(A).

(b) The trauma registry review committee shall keep trauma registry data confidential in accordance with [AS 18.23.030](#) , except that reports on

(1) trauma patients admitted to the hospital, declared dead in the emergency department, or transferred to another acute care hospital for treatment will be provided to that hospital; these reports include a patient log, a trauma service summary, a quality assurance summary, and a survival probability summary;

(2) patients treated by a state certified emergency medical service will be provided to that service, including a summary of activity, a quality assessment summary, a quality assurance summary, and a documentation compliance summary; and

(3) trauma registry data, not including patient identifiers, physician identifiers, or hospital identifiers, may be provided to epidemiologists, health planners, medical researchers, or other interested persons to study causes, severity, demographics and outcomes of injuries, or for other purposes of studying the epidemiology of injuries or emergency medical services and trauma system issues.

(c) An acute care hospital in this state certified as a level I, level II, level III, or level IV trauma center under 7 AAC [26.710](#) - 7 AAC [26.745](#) must participate in the statewide trauma registry administered by the department. A hospital not certified as a trauma center under 7 AAC [26.710](#) - 7 AAC [26.745](#) may participate in the statewide trauma registry administered by the department. A hospital that participates in the statewide trauma registry shall make available to the department abstracts in the form prescribed by the department of the medical records of all trauma patients who were admitted to the hospital, declared dead in the emergency department, or transferred to another hospital for treatment.

(d) The department will, in its discretion, delegate the responsibility for collecting data under this section to a hospital, other public agencies, or to private persons or agencies, if the person or agency agrees to maintain confidentiality of the data in accordance with 7 AAC 26.790(b).

(e) A trauma center certified under 7 AAC [26.710](#) - 7 AAC [26.745](#) must provide trauma registry data to the department at least quarterly of each year on March 31, June 30, September 30, and December 31 of that year. Data on all trauma patients discharged between January 1 and March 31 must be submitted to the department by June 30. Data on all trauma patients discharged between April 1 and June 30 must be submitted to the department by September 30.

EMS Related Regulations Amended to Register 163

Data on all trauma patients discharged between July 1 and September 30 must be submitted to the department by December 31. Data on all trauma patients discharged between October 1 and December 31 must be submitted to the department by March 31 of the following year.

(f) A hospital not certified as a trauma center under 7 AAC [26.710](#) - 7 AAC [26.745](#) may provide trauma registry data to the department at least semi-annually each year on June 30 and December 31. Data on all trauma patients discharged between July 1 and December 31 may be submitted to the department by June 30 of the following year. Data on all trauma patients discharged between January 1 and June 30 may be submitted to the department by December 31 of the same year.

(g) The department will provide reports for quality review of trauma care under (b)(1) of this section to each acute care hospital or state certified emergency medical service within 30 days following the receipt of trauma registry data from that hospital or state certified emergency medical service. (History: Eff. 4/7/96, Register 138)

Authority: [AS 18.08.015](#) [AS 18.08.080](#)

EMS Related Regulations Amended to Register 163

ARTICLE 8: EMERGENCY MEDICAL DISPATCHERS

Section

- 810. Purpose.
- 815. Application for certification.
- 820. Qualifications for certification.
- 825. Scope of certified activities.
- 830. Approved training courses.
- 835. Term of certification.
- 840. Recertification.

7 AAC 26.810. PURPOSE. The purpose of 7 AAC [26.810](#) - 7 AAC [26.840](#) is to promote the health and safety of the people of Alaska by establishing uniform minimum standards for emergency medical dispatchers (EMD's). These sections are intended to establish uniform minimum standards for certification of EMD's who routinely give medical treatment advice and other instructions to callers over the telephone before the arrival of the emergency medical service at the scene of the emergency. Nothing in 7 AAC [26.810](#) - 7 AAC [26.840](#) is intended to require that public safety dispatchers who dispatch emergency medical services be certified EMD's. (History: Eff. 4/7/96, Register 138)

Authority: [AS 18.08.080](#) [AS 18.08.082](#) [AS 18.08.084](#)

7 AAC 26.815. APPLICATION FOR CERTIFICATION. (a) A person applying for certification as an EMD shall apply in writing to the department on a form obtained from the department.

(b) The application form will request the person's name, age, mailing and, if different, geographical addresses, evidence that the person meets the requirements of 7 AAC [26.820](#), and other information the department considers necessary to determine whether the applicant has met the qualifications for certification outlined in 7 AAC [26.820](#).

(c) A certificate will be issued by the department if the applicant meets the requirements of 7 AAC [26.820](#) for EMD certification. (History: Eff. 4/7/96, Register 138)

Authority: [AS 18.08.080](#) [AS 18.08.082](#) [AS 18.08.084](#)

7 AAC 26.820. QUALIFICATIONS FOR CERTIFICATION. A person applying for certification as an EMD must

(1) provide evidence of successful completion within two years before the date of application of a department-approved EMD training program;

EMS Related Regulations Amended to Register 163

(2) provide evidence of a valid CPR credential; and

(3) pay a non-refundable application fee of \$10 to the department. (History: Eff. 4/7/96, Register 138; am 8/16/2002, Register 163)

Authority: [AS 18.08.080](#) [AS 18.08.082](#) [AS 18.08.084](#)

7 AAC 26.825. SCOPE OF CERTIFIED ACTIVITIES. A person who is state certified as an EMD shall, with written approval from an EMD medical director, use a medical dispatch priority reference system approved by the medical director under 7 AAC [26.655](#). (History: Eff. 4/7/96, Register 138)

Authority: [AS 18.08.080](#) [AS 18.08.082](#) [AS 18.08.084](#)

7 AAC 26.830. APPROVED TRAINING COURSES. An organization applying for course approval for training an emergency medical dispatcher (EMD) must show that it has

(1) appropriate training equipment, including a dispatch console or simulator;

(2) an EMD instructor credentialed by a nationally or state recognized EMD training organization, and approved by the department as being qualified to teach subjects related to EMD activities;

(3) a curriculum approved by the department that provides a minimum of 24 hours of instruction in subjects related to EMD activities; and

(4) a medical director who approves the course curriculum and is available to answer medical questions during the course. (History: Eff. 4/7/96, Register 138)

Authority: [AS 18.08.080](#) [AS 18.08.082](#) [AS 18.08.084](#)

7 AAC 26.835. TERM OF CERTIFICATION. Certification for EMD is valid for two years, except that

(1) an initial certification for an applicant who completed the initial training course before July 1 of a year expires on December 31 of the following year;

(2) an initial certification for an applicant who completed the initial training course after June 30 of a year expires on December 31 of the second year following the year of issuance;

(3) all recertifications expire on the second December 31 following the expiration of the most recent certification; and

(4) in order to ensure a comprehensive emergency medical services system, the department will, in its discretion, extend the certificate of an EMD for a period of not

EMS Related Regulations Amended to Register 163

more than 60 days beyond the date of the lapse of certification. (History: Eff. 4/7/96, Register 138)

Authority: [AS 18.08.080](#) [AS 18.08.082](#) [AS 18.08.084](#)

7 AAC 26.840. RECERTIFICATION. To obtain recertification, an EMD must, not more than 90 days before or six months after expiration of the EMD's certification,

- (1) apply for recertification to the department;
- (2) provide evidence of a valid CPR credential;
- (3) provide written approval from the medical director for the emergency medical dispatcher services;
- (4) repealed 8/16/2002; and
- (5) pay a non-refundable application fee of \$10 to the department. (History: Eff. 4/7/96, Register 138; am 8/16/2002, Register 163)

Authority: [AS 18.08.080](#) [AS 18.08.082](#) [AS 18.08.084](#)

ARTICLE 9: DO-NOT-RESUSCITATE ORDERS AND PROTOCOLS

Reserved

ARTICLE 10: GENERAL PROVISIONS

Section

- 900. (Repealed).
- 950. Grounds to suspend, revoke, or deny certification or recertification.
- 955. Departmental action to revoke, suspend, or refuse to issue a certificate.
- 960. Appeals procedures.
- 985. CPR certification and training.
- 999. Definitions.

7 AAC 26.900. DEFINITIONS

Repealed.

(History: Eff. 10/23/92, Register 124; repealed 4/7/96, Register 138)

EMS Related Regulations Amended to Register 163

Editor's note: The publications listed in 7 AAC [26.900](#) are available from the emergency medical services section, Department of Health and Social Services, P.O. Box 110616, Juneau, Alaska 99811-0616.

7 AAC 26.950. GROUNDS TO SUSPEND, REVOKE, OR DENY CERTIFICATION OR RECERTIFICATION. (a) The department will revoke, suspend, deny, or not issue an individual's certification or recertification as an EMT-I, EMT-II, EMT-III, ETT Instructor, EMT-I Instructor, EMT-II Instructor or EMT-III Instructor if the individual

(1) has been convicted of an offense against a person set out in [AS 11.41](#) that is a class A or unclassified felony or an offense with substantially similar elements in another jurisdiction;

(2) has been convicted of an offense under [AS 11.71.010](#) (Misconduct Involving a Controlled Substance in the First Degree) or an offense with substantially similar elements in another jurisdiction;

(3) is currently incarcerated for an offense set out in (b)(1) - (3) of this section or an offense with substantially similar elements in another jurisdiction; or

(4) requests that the individual's certification or recertification be revoked, suspended, or not issued.

(b) The department will revoke, suspend, or deny an individual's certification or recertification as an EMT-I, EMT-II, EMT-III, ETT Instructor, EMT-I Instructor, EMT-II Instructor or EMT-III Instructor if the department determines that the individual

(1) within the preceding 15 years has been convicted of an offense that is a class B or class C felony or class A misdemeanor for an offense against a person under [AS 11.41](#), or an offense with substantially similar elements in another jurisdiction;

(2) within the preceding 10 years has been convicted of an offense that is a felony or class A misdemeanor under [AS 11.61](#) (Offenses Against Public Order), or an offense with substantially similar elements in another jurisdiction;

(3) within the preceding 10 years has been convicted of an offense that is a class B or class C felony or class A misdemeanor under [AS 11.71](#) (Misconduct Involving a Controlled Substance), or an offense with substantially similar elements in another jurisdiction;

(4) within the preceding three years has been convicted under [AS 28.35.030](#) of operating a vehicle, aircraft, or watercraft while intoxicated, or under [AS 28.35.032](#) for refusal to submit to a chemical test;

EMS Related Regulations Amended to Register 163

(5) has failed to notify the department in writing within 30 days after being charged with an offense that is a class A misdemeanor or a felony under the law of this state or an offense with substantially similar elements in another jurisdiction;

(6) is currently on work release, probation, or parole;

(7) has committed gross misconduct in the performance of duties as an EMT;

(8) has violated federal or state laws pertaining to medical practice;

(9) has used fraud or deceit to obtain a certificate from this state under 7 AAC [26.010](#) - 7 AAC [26.180](#), or from another state, or from the National Registry of Emergency Medical Technicians;

(10) has cheated on an examination for certification, committed theft of certification examination materials, or misused certification examination materials;

(11) has had a certificate or license as a health care provider revoked or suspended by the licensing or certifying authority of a state, territory, or country, or by the National Registry of Emergency Medical Technicians;

(12) has knowingly, willfully, or grossly negligently violated patient privacy or confidentiality by releasing information to persons who are not directly involved in the care or treatment of the patient, or otherwise authorized to receive the information;

(13) has falsified or altered training records, certification records, or patient records, or participated in the release or issuance of false continuing medical education documents, including verifying continuing medical education for an individual who did not legitimately attend an educational session, or signing an individual into an educational session that the individual did not actually attend;

(14) has committed an act that constitutes a violation of a federal, state or local law, and that recklessly endangers other EMS providers, public safety officials, students in an approved EMS training program, patients, or the general public; or

(15) is not physically or mentally able to fulfill the responsibilities of an Emergency Medical Technician listed in the United States Department of Transportation's Emergency Medical Technician - Basic: National Standard Curriculum, Appendix A (Functional Job Analysis), as revised as of 1994.

(c) The department will revoke, suspend, or deny an individual's certification or recertification as an ETT Instructor, EMT-I Instructor, EMT-II Instructor or EMT-III Instructor for one or more of the following reasons:

(1) improperly disclosing testing materials or the content of department administered examinations;

EMS Related Regulations Amended to Register 163

(2) knowingly enrolling, in a department approved training program, students who did not meet the requirements outlined in the applicable course approval provisions of this chapter; or

(3) knowingly teaching more than one course that is required to be approved by the department without the courses being approved by the department under this chapter;

(4) using a curriculum that did not contain all of the objectives required for a course for which department approval is required under 7 AAC [26.050](#) or 7 AAC [26.450](#), as applicable;

(5) teaching a course approved by the department that did not provide the minimum number of hours required under this chapter.

(d) Revocations, suspensions, and refusals to certify or recertify on a ground set out in (a)(1) and (a)(2) of this section are permanent. If the department, on a ground set out in (a)(3) of this section, revokes or suspends the certification of or refuses to certify or recertify an individual, the individual is not eligible to become certified again until 36 months after termination of the individual's sentence, parole, or probation, whichever term ends latest. However, the department may lengthen or shorten this period based on the factors set out under (f) of this section. If the department, on a ground set out in (a)(4) of this section, revokes or suspends the certification of or does not certify or recertify an individual, if the individual is otherwise eligible for certification and if the department receives a written request from the individual that the certificate be issued, the department will issue a certificate valid for the remainder of the certification period.

(e) If the department, on a ground set out in (b)(1) - (b)(3), (b)(6) - (b)(15), or (c) of this section, revokes or suspends the certification of or refuses to certify or recertify an individual, the individual is not eligible to become certified again until 36 months after termination of sentence, parole or probation, or, if a criminal penalty is not imposed, 36 months after the effective date of the revocation, suspension, or denial of certification or recertification. If the department, on a ground set out in (b)(4) or (b)(5) of this section, revokes or suspends the certification of or refuses to certify or recertify an individual, the individual is not eligible to become certified again until 12 months after the effective date of the revocation, suspension, or denial of certification or recertification.

(f) Notwithstanding the time periods set out in (b) and (e) of this section, when acting on an application of an individual whose certification or recertification is subject to suspension, revocation, or denial under (b) or (c) of this section, the department may lengthen or shorten the period of time during which the individual is ineligible to apply for certification or recertification by making a determination based on the following factors:

(1) the seriousness or frequency of the offense;

(2) the length of time since the offense;

EMS Related Regulations Amended to Register 163

- (3) evidence of rehabilitation;
- (4) the satisfactory completion of all sentencing requirements;
- (5) the potential danger posed to the public by an individual.

(g) The department will require an applicant who has reported a charge or conviction of a criminal offense listed in this section to obtain criminal records from one or more federal or state agencies at the applicant's own cost. (History: Eff. 6/23/2001, Register 158)

Authority: [AS 18.08.080](#)

[AS 18.08.082](#)

[AS 18.08.084](#)

Editor's note: Appendix A (Functional Job Analysis), from the United States Department of Transportation's Emergency Medical Technician - Basic: National Standard Curriculum, Revised 1994, is available for a fee from the Section of Community Health and EMS, Division of Public Health, Department of Health and Social Services, Box 110616, Juneau, AK 99811-0616, may be viewed at that office, or may be downloaded from the section's web site at <http://www.chems.alaska.gov>.

7 AAC 26.955. DEPARTMENTAL ACTION TO REVOKE, SUSPEND, OR REFUSE TO ISSUE A CERTIFICATE. (a) If the department receives, from a reliable and verifiable source, information that could constitute grounds to revoke, suspend, or deny an individual's certification or recertification, the department will initiate an investigation to determine whether departmental action under this section is warranted. If the investigation results in the substantiation of grounds to revoke, suspend, or deny the individual's certification or recertification, the department will initiate appropriate action under this section.

(b) The department will issue a notice of denial of certification or recertification by certified mail or personal delivery to an applicant upon a determination that evidence presented to the department or resulting from an investigation under (a) of this section constitutes grounds under 7 AAC [26.950](#) for denying an individual's certification or recertification. In the notice the department will specify the reasons for the denial. An individual who is denied certification or recertification may appeal the decision of the department in accordance with 7 AAC [26.960](#).

(c) The department will issue a notice of revocation by certified mail or personal delivery to a certificate holder upon a determination that evidence presented to the department or resulting from an investigation under (a) of this section constitutes grounds under 7 AAC [26.950](#) for revocation. With the notice the department will include an accusation that specifies each reason for the revocation. In the notice the department will establish an effective date of the revocation at 15 days after the date of issuance of the notice unless the individual whose certification is to be revoked appeals the determination in accordance with 7 AAC [26.960](#) and is granted a temporary stay under 7 AAC [26.960\(b\)](#) of the order to revoke.

(d) The department will issue a notice of suspension by certified mail or personal delivery to a certificate holder upon a determination that evidence presented to the department or resulting from an investigation under (a) of this section constitutes grounds under 7 AAC [26.950](#) for

EMS Related Regulations Amended to Register 163

revocation. With the notice the department will include an accusation that specifies each reason for the suspension and the length of the suspension. In the notice the department will establish an effective date of the suspension at 15 days after the date of issuance of the notice unless the individual whose certification is to be suspended appeals the determination in accordance with 7 AAC [26.960](#) and is granted a temporary stay under 7 AAC [26.960\(b\)](#) of the order to suspend.

(e) Based on the evidence presented to the department, if the department finds reasonable cause to believe that allowing the person to continue in the practice of an EMT poses an immediate danger to public health or safety, the department will issue a notice of immediate suspension to the certificate holder without a hearing. In the notice the department will specify each reason for the immediate suspension. A notice of immediate suspension takes effect upon issuance. The holder of the suspended certification may not practice during the term of the immediate suspension. An individual whose certification is subject to immediate suspension may appeal the immediate suspension in accordance with 7 AAC [26.960\(e\)](#). (History: Eff. 6/23/2001, Register 158)

Authority: [AS 18.08.080](#)

[AS 18.08.082](#)

[AS 18.08.084](#)

7 AAC 26.960. APPEALS PROCEDURES. (a) An applicant or certificate holder may appeal to the commissioner a determination by the department to revoke, suspend, or deny certification or recertification by requesting, in writing, an administrative hearing. To be timely, a request must be received within 15 days after the issuance of the notice of revocation, suspension, or denial of certification or recertification.

(b) Upon receipt of the request for appeal, a hearing will be scheduled to be held within 30 days after receipt of the request. Notice of the date, time, and place of the hearing will be sent to the applicant or certificate holder, and to that person's attorney or representative, if any, within 10 days after the receipt of the request. At this time, the commissioner may designate a department employee who was not involved in the original agency determination to make the final agency determination.

(c) A decision by the department to refuse to certify or grant comity remains in effect throughout the administrative appeal process.

(d) A certificate holder whose certificate is subject to suspension or revocation may seek a temporary stay of the department's determination pending the outcome of the hearing under this section by filing a written request to the commissioner with a sworn affidavit setting out the reasons for seeking the stay. A stay will be granted only if the commissioner determines that the public safety will be reasonably protected. As necessary to assure the protection of the public safety, the commissioner will impose conditions on the certificate holder for the term of the stay.

(e) A certificate holder whose certificate is subject to immediate suspension under 7 AAC [26.955\(e\)](#) or who has been denied a request for a temporary stay under (d) of this section may seek expedited review of the department's determination by filing a timely request for an expedited review with the commissioner. To be timely, the request must be received within 15 days after the department's action. The commissioner or the commissioner's designee will receive

EMS Related Regulations Amended to Register 163

written evidence and schedule a telephonic or in-person hearing on the sole issue of whether a temporary stay may be granted pending an appeal. The commissioner or the commissioner's designee will deny the request for a temporary stay upon expedited review if that person determines, by a preponderance of evidence, that the denial of a temporary stay is necessary to assure the protection of the public.

(f) The commissioner may designate a hearing officer from the staff of the division of public health within the department to perform a hearing under this section. The hearing officer may not be a person who was involved in the original agency determination. The commissioner or the commissioner's designee will, or the hearing officer shall, accept written argument and documentary evidence from the applicant or certificate holder and the department staff. As necessary to provide an opportunity to present and cross examine witnesses, the commissioner or commissioner's designee will, or the hearing officer shall, hold an oral hearing. A party may not request an oral hearing to address only a question of law. The applicant or certificate holder may be represented at the hearing by an attorney or other representative.

(g) The rules of evidence contained in [AS 44.62.460](#) - [AS 44.62.480](#) (Administrative Procedure Act) will be used for hearings under this section.

(h) The commissioner or commissioner's designee will issue a decision, or, if a hearing officer conducts the hearing, the hearing officer shall issue a recommended decision, within 10 working days after the written and testimonial records are closed, unless the commissioner or the commissioner's designee extends the period to address unusually complex questions of fact or law, or to allow post-hearing briefs or the presentation of newly discovered evidence not previously discoverable. If a hearing officer conducts the hearing, the commissioner or the commissioner's designee will adopt, modify, or remand the recommended decision within 10 working days after receiving it from the hearing officer. An adopted or modified decision becomes final and takes effect 15 days after issuance by the commissioner or the commissioner's designee and constitutes final agency action for the purposes of judicial review.

(i) The commissioner or the commissioner's designee may order a reconsideration of a decision on that person's own motion or on petition of a party. To be considered, a petition for reconsideration must be filed with the department within 15 days after issuance of the decision. The commissioner or commissioner's designee will not order reconsideration more than 30 days after the issuance of a decision. If action is not taken on a petition within the time allowed for ordering reconsideration, the petition is considered denied. (History: Eff. 6/23/2001, Register 158)

Authority: [AS 18.08.080](#)

[AS 18.08.082](#)

[AS 18.08.084](#)

7 AAC 26.985. CPR CERTIFICATION AND TRAINING. (a) The department will consider a CPR or CPR instructor credential as valid, for the purposes of this chapter, only if the credential meets the requirements of this section.

EMS Related Regulations Amended to Register 163

(b) To hold a valid CPR credential, the person must have successfully completed a basic life support (BLS) CPR course and hold a current CPR credential from a training agency recognized under (d) of this section.

(c) To hold a valid CPR instructor credential, the person must have successfully completed a basic life support (BLS) instructor course and hold a current CPR instructor credential from a training agency recognized under (d) of this section.

(d) The department will only recognize a training agency, for the purposes of this section, if that agency

(1) teaches CPR in accordance with the current guidelines of the American Heart Association for basic life support CPR;

(2) requires its CPR classes to instruct on adult, child, and infant CPR and airway obstruction skills, including two rescuer CPR and barrier devices;

(3) issues CPR and CPR instructor credentials to successful participants that are valid for no longer than two years; and

(4) has a system for credentialing and evaluating CPR instructors. (History: Eff. 5/22/96, Register 138; am 8/16/2002, Register 163)

Authority: [AS 18.08.080](#)

[AS 18.08.082](#)

[AS 18.08.084](#)

7 AAC 26.999. DEFINITIONS. In this chapter,

(one certified or licensed emergency 1) "active emergency medical services responder" means a person who has actively participated, either as a volunteer or paid professional, in pre-hospital emergency patient care;

(2) "acute care hospital" means a state licensed hospital or federal hospital that provides medical and surgical outpatient and inpatient services to persons with injuries or illnesses;

(3) "advanced life support" has the meaning given in [AS 18.08.090](#) ;

(4) "aeromedical service" means a medivac service, an air ambulance service, a critical care air ambulance service, or a specialty aeromedical transport team;

(5) "aeromedical transport team" means a team of two or more health care workers who are trained and equipped to provide care to a patient being transported in an aircraft;

(6) "air medivacs" means transporting emergency patients by fixed or rotary wing aircraft with at least medical responder in attendance;

EMS Related Regulations Amended to Register 163

(7) "appropriate equipment to perform basic and advanced life-support emergency procedures" means the basic ambulance equipment recommended by the American College of Surgeons as of July 15, 1992, unless a specific exception is granted by the department, plus any additional equipment necessary to carry out the advanced life-support procedures offered by the emergency medical service, including advanced airway devices, monitor/defibrillators, and intravenous supplies;

(8) "automatic defibrillator" means a defibrillator that is capable of automatic rhythm analysis, and that will charge and deliver a countershock, without operator intervention, after electronically detecting the presence of ventricular fibrillation or rapid ventricular tachycardia;

(9) "basic life support" means those emergency care skills outlined in the goals and objectives of the department's Emergency Medical Technician-I Course Objectives, adopted by reference in 7 AAC [26.050\(b\)](#) (2), including administration of oxygen, of the patient's prescribed nitroglycerin, bronchodilator inhaler, or epinephrine autoinjector, and of over-the-counter medicines, such as activated charcoal, that are necessary to carry out the objectives outlined in the course; "basic life support" does not include manual defibrillation;

(10) "certified or licensed medical personnel" means EMT-Is, EMT-IIs, EMT-IIIs, mobile intensive care paramedics, physician's assistants, nurse practitioners, registered nurses, certified emergency nurses, critical care registered nurses, or physicians authorized by law to provide medical care in Alaska or in the state in which the certified service is based;

(11) "certifying officer" means a person designated by the department to ensure

(A) the security of the written examination;

(B) that the practical examination for certification meets department-approved objectives for testing EMT-Is, EMT-IIs, or EMT-IIIs, as appropriate, by determining the fair conduct of the test; and

(C) that the required skills are evaluated by an appropriate examiner during the written and practical examination;

(12) "continuing medical education" means instruction in topics included in the training course curriculum for EMT-Is, EMT-IIs, or EMT-IIIs, that may be presented using critiques, didactic sessions, practical drills, workshops, seminars, or other department-approved means; additional topics for continuing medical education include: air medical emergency care, athletic injuries, battered spouses, child abuse, communications, crime scene response, disabled adults, electrical hazards, explosion injuries, extrication, medical terminology, farm machinery injuries, hazardous materials, incident management, industrial injuries, infectious diseases, injury prevention, medico-legal aspects, neonatal care/sudden infant death syndrome (SIDS), protective breathing

EMS Related Regulations Amended to Register 163

apparatus, radioactive materials, rape intervention, rappelling, sea survival, hyperbaric medicine, or special rescue (aerial, diving, mountain, search);

(13) "CPR" means cardiopulmonary resuscitation;

(14) "critical care air ambulance service" means an organization or entity that is, or that uses by contractual arrangement, an aircraft operator or operators, with appropriate aircraft, and that provides or advertises to provide emergency medical care that includes advanced life support services and air transportation under the direct or indirect supervision of a medical director, through personnel trained at least to the mobile intensive care paramedic, physician's assistant, nurse practitioner, registered nurse, critical care registered nurse, certified emergency nurse, or physician level; generally, a critical care air ambulance service has the expertise to provide a higher level of medical care than does a medivac service and usually provides transportation from the initial treatment hospital to a referral hospital;

(15) "department" means the Department of Health and Social Services;

(16) "department-approved medivac training" means a course, approved by the department, that includes training in the following, as appropriate to meet the needs of the applicant:

(A) decision to medivac, planning and systems coordination, and escort training objectives;

(B) aircraft and equipment considerations, such as types of aircraft, patient care, selection of aircraft and air carriers, minimum and special needs, effects of the environment, safety factors, and transferring and retrieving equipment;

(C) physiological aspects of pressure and the atmosphere, including composition, layers and physiological divisions of the atmosphere, atmospheric pressure, the circulation system, basic respiratory physiology, hypoxia and shock, cabin pressurization and decompression, gas expansion disorders, evolved gas problems, and acceleration or deceleration forces on the body;

(D) supporting activities, such as recordkeeping and the role of protocols and standing orders;

(E) lifting and moving patients, survival during inflight emergencies, and general inflight patient care, including care of patients who require special considerations in the airborne environment;

(F) medical equipment used aboard aircraft;

(G) changes in barometric pressure, decompression sickness and air embolism, and changes in partial pressure of oxygen;

EMS Related Regulations Amended to Register 163

(H) other environmental factors affecting patient care, including humidity, temperature, ventilation, and noise;

(I) aircraft systems, including electrical, pressurization, lighting, and ventilation; and

(J) aircraft emergencies such as electrical failure, rapid decompression, emergency landings, and principles of survival;

(17) "department-approved aeromedical training" means a course, approved by the department, that includes training in the following, as appropriate to meet the needs of the applicant:

(A) physiological aspects of pressure and the atmosphere, including composition, layers and physiological divisions of the atmosphere, atmospheric pressure, the circulation system, basic respiratory physiology, hypoxia and shock, cabin pressurization and decompression, gas expansion disorders, evolved gas problems, and acceleration or deceleration forces on the body;

(B) specific medical situations, such as escort responsibilities and self care, patient stress and prolonged immobility, medication problems and side effects, motion sickness, nosebleed, hearing problems, flying across time zones and international borders, patient preparation for transportation, enplaning and deplaning, stages of flight, oxygen administration, intravenous therapy, tracheal suction, CPR, chest tubes, retention balloons, and dressing change;

(C) specific medical situations, such as patient assessment, head injuries, chest, abdominal, neck or spinal injuries, orthopedic disorders, facial wounds and injuries, eye problems, ear and throat problems, respiratory problems, cardiac problems, gastrointestinal problems, poisoning and overdose, hematologic disorders, urological disorders, behavioral states, maternal transport, infant and pediatric transport, burns, hypothermia and cold water near-drowning, and diving injuries;

(D) responsibilities during preflight, inflight, and postflight phases of an air ambulance mission;

(E) legal considerations of air ambulance service and recordkeeping for air ambulance services;

(F) lifting and moving patients, and general inflight patient care, including care of patients who require special considerations in the airborne environment;

(G) medications, including the times that medications are administered and adjustments that are required when changing time zones;

EMS Related Regulations Amended to Register 163

(H) medical equipment used aboard aircraft;

(I) changes in barometric pressure, decompression sickness and air embolism, and changes in partial pressure of oxygen;

(J) other environmental factors affecting patient care, including humidity, temperature, ventilation, and noise;

(K) aircraft systems, including electrical, pressurization, lighting, and ventilation; and

(L) aircraft emergencies, such as electrical failure, rapid decompression, emergency landings, and principles of survival;

(18) "direct or indirect supervision" means direct voice contact or by written standing orders;

(19) "EMD" means an emergency medical dispatcher;

(20) "EMD medical director" means a physician who is authorized to practice medicine in Alaska who assumes medical oversight of emergency medical dispatch services, including the approval of systematized caller interrogation questions, systematized pre-arrival instructions, and protocols to match the dispatcher's evaluation of injury or illness severity and the number of victims with vehicle response modes and configurations;

(21) "emergency medical dispatcher" means a person certified by the department who has successfully completed a department-approved emergency medical dispatcher course and has met all other department requirements for certification;

(22) "emergency medical dispatch priority reference system" means a protocol system approved by the EMD medical director, used by a dispatch agency to dispatch aid to medical emergencies, and must include

(A) systematized caller interrogation questions;

(B) systematized pre-arrival instructions; and

(C) protocols matching the dispatcher's evaluation of injury or illness severity and numbers of victims with vehicle response modes and configurations;

(23) "emergency medical service" means an organization that provides basic or advanced life support medical services outside a hospital;

(24) "emergency medical services" means the provision of emergency medical care and transportation of the sick or injured;

EMS Related Regulations Amended to Register 163

- (25) "emergency medical technician" has the meaning given in [AS 18.08.090](#) ;
- (26) "emergency trauma technician" means a person who has
- (A) successfully completed an emergency trauma technician training course approved by the department under 7 AAC [26.450](#); and
 - (B) a valid ETT card signed by an ETT instructor;
- (27) "EMS" means emergency medical services;
- (28) "EMS communications capability" means point-to-point voice communications between EMS responders in the field and a higher-level medical facility, such as a clinic with mid-level practitioners, or a hospital;
- (29) "EMS training" means ETT, EMT-I, EMT-II, EMT-III, or defibrillator technician training;
- (30) "EMT" means an emergency medical technician;
- (31) "ETT" means emergency trauma technician;
- (32) repealed 7/4/99;
- (33) repealed 7/4/99;
- (34) "gross misconduct" means the knowing violation of [AS 18.08](#) or the regulations adopted under it;
- (35) "high-risk maternal transport team" means a team of two or more health care workers who are trained and equipped to provide care to women with potentially serious complications of pregnancy during transport;
- (36) "high risk newborn transport team" means a team of two or more health care workers who are trained and equipped to provide care to newborns during transport;
- (37) "hours of instruction" means hours devoted to the didactic, clinical, and psychomotor training of the course participants, but does not include hours used for the certification testing of students;
- (38) "inflight patient care form" means a preprinted form that includes spaces for recording information, including the patient's name; date of flight; name of air carrier; diagnosis; originating and terminating points and patient's condition upon departure and arrival; an inflight medical attendant's report of the patient's status, including vital signs, level of consciousness, drugs administered, and details of therapeutic intervention; unusual circumstances encountered during the flight, including inordinate altitudes flown,

EMS Related Regulations Amended to Register 163

turbulence, and times associated with these abnormal conditions; and other information, such as billing information for medical and transportation expenses;

(39) "intervener physician" means a physician who has not previously established a doctor/patient relationship with the emergency patient, but who is willing to accept responsibility for a medical emergency, and who can provide proof of a valid medical license;

(40) "manual defibrillator" means a defibrillator that has no built-in capability for rhythm analysis and will charge and deliver a countershock only at the command of the operator;

(41) "medivac service" means an organization or entity that provides aeromedical evacuation or medically assisted transportation and usually provides transportation from the scene of the emergency, or a remote village or occupation site, to the initial treatment hospital;

(42) "medical director" means, except in 7 AAC [26.620](#), an individual who meets the applicable qualifications in 7 AAC [26.630](#) and who agrees to perform the responsibilities specified in this chapter for supervision of an EMT-I, an EMT-II, an EMT-III, a manual defibrillator technician, an emergency medical dispatcher, a manual defibrillator technician training program, an EMT-I, EMT-II, or EMT-III training course, an emergency medical service, a medivac service, a critical care air ambulance service, or a specialty aeromedical transport team;

(43) "mid-level practitioner" means a person certified or licensed by the state as a nurse practitioner or as a physician assistant;

(44) repealed 8/16/2002;

(45) "mutual aid agreement" means a written agreement that permits an emergency medical service to go to the aid of another emergency medical service within or outside the local service area, and to receive aid from another emergency medical service within or outside of the local service area, during multiple casualty incidents or other situations as defined in the agreement;

(46) "on-line physician" means a physician immediately available in person or by radio or telephone, when medically appropriate, for communication of medical direction to non-physician prehospital care-givers;

(47) "organization that provides basic or advanced life-support emergency medical services outside a hospital" means an organization, such as an ambulance service, rescue squad, fire department, or medivac service that, as one of its primary functions, provides basic or advanced life-support emergency medical services;

EMS Related Regulations Amended to Register 163

(48) "other organization having ancillary emergency health or patient care responsibilities" means an organization such as the community health aide program, the uniformed services, the National Park Service, the United States Forest Service, a logging camp, the Alaska Marine Highway System, the Alaska Railroad, or private corporation, that must provide services to individuals needing immediate medical care in order to prevent loss of life or aggravation of psychological or physiological illness or injury;

(49) "pediatric transport team" means a team of two or more health care workers who are trained and equipped to provide care to children during transport;

(50) "pre-arrival instructions" means telephone rendered, medically approved, written instructions given by trained EMD's through callers that help to provide aid to the victim and control of the situation before the arrival of prehospital EMS personnel; "pre-arrival instructions" are part of an EMDPRS and are used as close to word-for-word as possible;

(51) "pediatric transport team" means a team of two or more health workers who are trained and equipped to provide care to children during transport;

(52) "protocols" mean written standards for EMS practice in a variety of situations within the EMS system;

(53) "reasonable period of time" means that period of time in which the medical attendant with the patient, or the supervising physician, feels that the patient's condition will not deteriorate significantly;

(54) "refresher training course" means a course, of at least 24 hours in length, that includes didactic and practical skills appropriate for an EMT-I, EMT-II, or EMT-III, and includes at least the following topics: vital signs, splinting, spinal injury management, patient evaluation, EMS reports, and updates on medical equipment information and use of oxygen equipment and bag masks;

(55) "reverification" means the process used by the Committee on Trauma, American College of Surgeons (ACS), to re-evaluate the trauma care capabilities and performance of a hospital previously verified as meeting the criteria of a level I, level II, or level III trauma center using the guidelines set out in the ACS Resources for Optimal Care of the Injured Patient;

(56) "responsible official" means a person who has administrative responsibility for the operations of an emergency medical service, and includes the chief of a fire department or ambulance service;

(57) Resources for Optimal Care of the Injured Patient: 1993 is a publication of the Committee on Trauma, American College of Surgeons, that includes criteria for four different levels of trauma centers;

EMS Related Regulations Amended to Register 163

(58) "semi-automatic defibrillator" means a defibrillator that is capable of electronically detecting ventricular fibrillation and rapid ventricular tachycardia, but requires user interaction in order to deliver a countershock;

(59) "skill sheets" means the guidebook, prepared by the department and revised through January, 2002 and adopted by reference, containing frequently used and critical psychomotor skills;

(60) "specialty aeromedical transport team" means an aeromedical transport team that provides advanced life support services and can accommodate the special medical needs of the category of patient the applicant is certified to serve, including a high-risk newborn transport team, high-risk maternal transport team, or pediatric transport team; generally, a specialty air medical transport team transports a certain category of patient to a specialty hospital referral center capable of meeting the particular needs of the patient;

(61) "standing orders" means strictly defined written orders for actions, techniques, or drug administration, to be used when communication contact has not been made with a base station physician;

(62) "state-approved EMS training agency" means a regional nonprofit EMS agency, a regional native corporation which provides EMS training, an Alaska university providing EMS training, a state agency providing EMS training, or an organization that employs emergency medical technician instructors;

(63) "successful course completion" means verification by the department-approved instructor of a training course, on forms provided by the department, that the student met all didactic objectives and psychomotor skill requirements within the training course's classroom setting;

(64) "trauma center" means an acute care hospital, clinic, or other entity that has met minimum standards for staffing, equipment, and organizational commitment to manage the care and treatment of traumatic injury victims, and is certified by the department as a level I, level II, level III, or level IV trauma center under 7 AAC [26.720](#) or recertified under 7 AAC [26.730](#);

(65) "trauma patient" means a victim of an external cause of injury that results in major or minor tissue damage or destruction caused by intentional or unintentional exposure to thermal, mechanical, electrical, or chemical energy, or by the absence of heat or oxygen (International Classification of Diseases, ICD-9 codes 800 - 959) or other categories of injuries as defined by the department;

(66) "trauma registry" means a statewide database on traumatic injury victims, whose injuries are of sufficient severity to result in hospitalization or death, to assess the appropriateness and quality of care and treatment in the prehospital and hospital setting and to study the epidemiology of serious injuries;

EMS Related Regulations Amended to Register 163

(67) "vehicle response configuration" means the specific vehicles of varied types, capabilities, and numbers responding to render assistance;

(68) "vehicle response mode" means the use of driving techniques, such as red lights-and-siren, to respond to an emergency medical situation;

(69) "verification" means the process used by the Committee on Trauma, American College of Surgeons, to assess the trauma care capabilities and performance of a hospital as a trauma center;

(70) "voice recorder" means a device capable of continuous recording of the voice communications at the scene.

(71) "under the direct supervision of a physician or mobile intensive care paramedic" means that the physician or mobile intensive care paramedic is physically present and able to view, provide patient care, and provide recommendations regarding the assessment and treatment provided by the mobile intensive care paramedic intern from the time of arrival at the scene to the time the patient care is transferred to another medical provider;

(72) "MICP" means mobile intensive care paramedic;

(73) "MICP course coordinator" means an individual who is certified in accordance with 7 AAC [26.174](#) to fulfill the responsibilities set out in 7 AAC [26.176](#);

(74) "mobile intensive care paramedic" has the meaning given that term by [AS 08.64.380](#) ;

(75) "AED" means automated external defibrillation;

(76) "manual defibrillator technician" means a person certified to use a manual defibrillator under 7 AAC [26.510](#) - 7 AAC [26.580](#);

(77) "commissioner" means the commissioner of health and social services;

(78) "working day" means a day other than Saturday, Sunday, or a state holiday.

(79) "distance delivery education" means educational activities in which the student and the instructor are not in the same physical location; "distance delivery education" includes performing directed studies, reading journal articles, viewing video tapes, and participating in educational programs on the Internet or via videoconference or teleconference;

(80) "EMT-Basic" means a person who has been certified or licensed as an EMT-Basic in a state or territory or by the National Registry of Emergency Medical Technicians;

EMS Related Regulations Amended to Register 163

(81) "EMT-Intermediate" means a person who has been certified or licensed as an EMT-Intermediate in a state or territory or by the National Registry of Emergency Medical Technicians;

(82) "EMT-Paramedic" means a person who has been certified or licensed as an EMT-Paramedic or MICP in a state or territory, or who has been certified as an EMT-Paramedic by the National Registry of Emergency Medical Technicians;

(83) "ETT card" means documentation of successful completion of an ETT training course approved by the department under 7 AAC [26.450](#);

(84) "First Responder" means a person who has been certified or licensed as a First Responder in a state or territory or by the National Registry of Emergency Medical Technicians;

(85) "patient contact" means a contact by an EMT with a person who is sick or injured in which the EMT performs at least one of the following:

(A) patient assessment;

(B) obtaining vital signs;

(C) providing treatment;

(86) "primary instructor" means an EMT-I instructor, EMT-II instructor, EMT-III instructor, ETT instructor, or MICP course coordinator who

(A) requested course approval under this chapter; or

(B) coordinated a training program approved by the department under this chapter, or taught more hours in that program than any other instructor. (History: Eff. 4/7/96, Register 138; am 5/22/96, Register 138; am 3/11/98, Register 145; am 7/4/99, Register 151; am 6/23/2001, Register 158; am 8/16/2002, Register 163)

Authority: [AS 18.08.010](#) [AS 18.08.080](#) [AS 18.08.082](#) [AS 18.08.084](#)

Editor's note: Before Register 138, July 1996, the history of 7 AAC [26.999](#) was contained in 7 AAC [26.900](#). The history line for 7 AAC [26.999](#) does not reflect the prior history.

The publications listed in 7 AAC [26.999](#) are available for a fee from the section of community health and emergency medical services, division of public health, Department of Health and Social Services, P.O. Box 110616, Juneau, Alaska, 99811-0616, or may be viewed at that office.

EMS Related Regulations Amended to Register 163

CHAPTER 16: DO-NOT-RESUSCITATE PROTOCOL AND IDENTIFICATION

Section

- 10. Do-not-resuscitate protocol.
- 20. Department-approved DNR identification.
- 90. Definitions.

7 AAC 16.010. DO-NOT-RESUSCITATE PROTOCOL. (a) This section establishes the do-not-resuscitate (DNR) protocol for physicians and other health care providers for the purposes of [AS 18.12.035](#) (b). In implementing the protocol, the physician or other health care provider must comply with applicable state and federal laws and regulations related to the provision of or withholding of care.

(b) Unless exempted under (c) of this section, the physician or other health care provider must first clearly confirm the identity of the patient by one of the following methods:

- (1) the patient communicating the patient's name;
- (2) the patient's hospital or other institutional identification arm band;
- (3) the patient being personally known to the physician or other health care provider;
- (4) the patient's driver's license or credit card; or
- (5) another person having identified the patient.

(c) If a patient is unconscious or otherwise unresponsive to questions regarding the patient's identity, the physician or other health care provider may rely solely on the department approved DNR necklace or bracelet worn by the patient without using further methods to identify the patient.

(d) Once the patient's identity is established under (b) of this section or not required to be established by (c) of this section, the physician or other health care provider shall examine the patient, patient's available medical records, and other sources to determine the patient's DNR status. DNR status may be established only through the following items:

- (1) a department-approved DNR form for the patient;
- (2) a department-approved DNR card for the patient;
- (3) a department-approved DNR necklace or bracelet worn, or carried, by the patient;

EMS Related Regulations Amended to Register 163

(4) a DNR identification for the patient that is executed or issued in another state, a territory, or a possession of the United States that meets the requirements of [AS 18.12.090](#) ;

(5) an attending physician's DNR order, when

(A) the order is in writing and a copy has been provided or seen by the physician or other health care provider; or

(B) a verbal order has been issued directly to the physician or health care provider by the attending physician.

(e) The physician or other health care provider shall immediately proceed with patient assessment and care, including cardiopulmonary resuscitation, until the information required under (b) - (d) of this section is obtained. Cardiopulmonary resuscitation (CPR) need not be started or continued if the physician or other health care provider determines that it would be futile or a competent qualified patient declines CPR.

(f) After establishing that the patient is a qualified DNR patient under [AS 18.12](#) and this chapter, the physician or health care provider may not attempt CPR for a patient who does not have a pulse or is not breathing. The DNR order does not affect other care or services that the physician or other health care provider has determined are appropriate for the patient and may lawfully be performed by that provider.

(g) The qualified DNR patient or the patient's attending physician may revoke the patient's DNR status at any time and in any manner in accordance with AS 18.12. (istory: Eff. 10/10/96, Register 140)

Authority: [AS 18.12.035](#) (b) [AS 18.12.037](#)

7 AAC 16.020. DEPARTMENT-APPROVED DNR IDENTIFICATION. The department adopts by reference the Comfort One program (July 1, 1992) prepared by the Montana Hospital Association as its standards for department-approved DNR identification, including forms, cards, necklaces, and bracelets. (History: Eff. 10/10/96, Register 140)

Authority: [AS 18.12.035](#) (b) [AS 18.12.037](#)

Editor's note: A copy of the Comfort One program adopted by reference in 7 AAC 26.940 may be reviewed at the community health and emergency medical services section, division of public health, Department of Health and Social Services, P.O. Box 110616, Juneau, Alaska 99811-0616. Copies may be obtained by contacting Comfort One, Montana Hospital Association, 1720 Ninth Avenue, P.O. Box 5119, Helena, Montana 59601.

7 AAC 16.090. DEFINITIONS. In this chapter

EMS Related Regulations Amended to Register 163

(1) "CPR" has the meaning given "cardiopulmonary resuscitation" in [AS 18.12.100](#) ;

(2) "department" means the Department of Health and Social Services;

(3) "DNR order" has the meaning given "do-not-resuscitate order" in [AS 18.12.100](#) . (History: Eff. 10/10/96, Register 140)

Authority: [AS 18.12.035](#) [AS 18.12.037](#)

EMS Related Regulations Amended to Register 163

Department of Health and Social Services Alaska Paramedic Program Skills List August, 1997

The Mobile Intensive Care Course Coordinator must ensure that the student completing a department approved MICP training program has demonstrated competence in the following skills:

- Blood Pressure Measurement
 - Auscultation and Palpation
- Pulse measurement
- Respiratory Assessment
- Skin Assessment
- Auscultation of Breath Sounds
- Chest Percussion
- Determination of Patient's Temperature
- Blood Glucose Monitoring
- Patient Interviewing Techniques
- Pulse oximetry
- Capnography
- CPR-Professional Rescuer
 - Mouth to Mask/Barrier
 - Recovery Position
 - Jaw Thrust
 - 1 Rescuer CPR: Adult, Child, Infant
 - 2 Rescuer CPR: Adult, Child, Infant
 - Foreign Body Airway Obstruction
 - Conscious/Unconscious
 - Adult, Child, Infant
 - Rescue Breathing: Adult, Child, Infant
- Airway Obstruction
- Direct Laryngoscopy
 - Foreign Body Removal with Magill Forceps
- Patient Assessment-Trauma
- Patient Assessment-Medical
- Manual Airway Maneuvers
- Oropharyngeal Airway Insertion
- Nasopharyngeal Airway Insertion
- Oral Suctioning
- Endotracheal Suctioning
- Oxygen Delivery Systems
 - Masks, Nasal Cannula, Humidified Oxygen,
 - Hand Held Nebulizers, Free Flow Delivery,
 - Oxygen tanks and Accessories
- Pocket Mask-One/Two Rescuer
- Bag-Valve-Mask Resuscitator
- Positive Pressure Oxygen Administration
- Ventilator Devices
- Nasogastric Tube Insertion
- Combitube
- PTL
- Endotracheal Intubation
- Nasotracheal Intubation
- Digital Intubation (Blind Intubation)
- Retrograde Intubation
- Rapid Sequence Intubation

EMS Related Regulations Amended to Register 163

- Needle Chest Decompression
- One-Way Flutter Valve
- Transtracheal Jet Ventilation
- Needle Cricothyroidotomy
- Bleeding Control
 - Dressings
 - Bandaging
 - Occlusive Dressing
- PASG/MAST
- Venipuncture, Blood Draws
- Venous Access
- Intravenous Cannulation
- Sharps Disposal
- Pressure Infusion Device
- IV Fluids and Medication Pumps
 - Single Chamber
- Intraosseous Infusion
- Pharmacology
 - Drug Calculations
- Medication Administration
 - Intradermal
 - Transdermal
 - Subcutaneous
 - Intravenous
 - IV Piggyback
 - PO
 - Sublingual
 - Endotracheal
 - Intramuscular
 - IO
 - Metered Dose Inhaler
 - Nebulizer Device
- Cardiac Monitoring
- EKG Interpretation
- Lead Placement
- 12-Lead EKG
- Interpretation
- Defibrillation
 - Automated (AED)
 - Manual
 - Hands Free Defibrillation
 - Multi-Function Electrodes
- Vagal Stimulation Techniques
- Synchronized Cardioversion
- Transcutaneous Pacing
- Cardiac Arrest Management
- Cervical Collar Application
- Spinal Immobilization - Seated, Supine and Standing
- Emergency Extrication
- Patient Extrication
- KED
- Short Board
- Disentanglement
- Scoop Stretcher
- Gurney Utilization
- Splinting

EMS Related Regulations Amended to Register 163

Traction Devices - Hare, Sager etc.
Padded Splints
Air Splints
Rigid Splints
Soft/Pillow Splinting
MAST/PASG
Trauma Scoring
Glasgow Coma Scale
Emergency Childbirth
Fundal Massage
Neonatal Resuscitation
APGAR Scoring
Urinary Catheterization
Communications
Radio Operations
Radio Reports
Documentation
Ambulance Operations
Body Substance Isolation Precautions